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Blood Pressure Determination

A Nursing Procedure

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A patient is admitted to the emergency ward of a general hospital in coma with the history of a recent and severe trauma to the head. Appreciating the gravity of the situation the house officer completes only the absolutely essential details of the physical examination and meets the immediate indications. Cerebral compression is his first impression. The staff physician is called and to him also occurs the necessity for the consideration of a cerebral compression in explanation of the continued unconsciousness. Further close observation of the patient alone may establish this point. To the old familiar orders for observation of the patient for convulsive movements, the rate and state of the pulse and of the respiration, is added, "The nurse will record the blood pressure every fifteen minutes."

USAGE itself would seem to justify this new order of affairs, for after all no mysterious nor [illegible] is involved in sphygmomanometry, as the study of blood pressure may be correctly termed. [illegible] this responsibility [illegible] presuppose [illegible] a working [illegible] of hemodynamics, particularly [illegible] of blood pressure may be [illegible]

[illegible] blood pressure, is a loose [illegible] is apparent to the most [illegible] the pressure of the blood [illegible] was dependent [illegible] in the vascular bed [illegible] determined. For example [illegible] under which the [illegible] the heart, to the aorta, [illegible] that by which it is returned in the venae cavae. The term, blood pressure, may therefore refer to any site or location from the left ventricle back to the right heart and, for that matter, intracardiac pressures are constantly read in experimental animals. Clinically these observations are confined to the accessible peripheral arteries, capillaries, and veins; and in common parlance, medical as well as lay, blood pressure implies arterial blood pressure.

Factors Influencing Blood Pressure

REDUCED to simple terms the pressure of blood in the arteries is dependent upon three factors; namely, heart, blood, and peripheral resistance. The heart is the source of energy and upon its force of contraction, volume output per stroke, and rate must depend many of the circumstances of blood pressure alteration. The volume and the viscosity of the blood are factors of basic importance. The peripheral resistance is obviously one of the most important details in determining the arterial blood pressure. A given volume of blood is propelled from the left ventricle on cardiac systole. An elastic arterial bed accommodates this increased fluid mass and by its inherent power of contractility maintains the forward movement of the blood current and a measure of sustained pressure during the resting period of the heart. As the peripheral vascular bed is approached, and particularly after the arteries divide into their ultimate subdivisions or arterioles, there occurs a sudden fall in the pressure of the blood. Hence the pressure of the blood in the capillaries forming the next vascular link is much lower than in the arterioles. By reason of this sharp physiologic transition from the arteriolar to the capillary bed, the term "peripheral resistance" has arisen. The peripheral resistance in turn is subject to a number of varying influences.

From a glance at the conditions attendant upon the cardiac cycle it becomes apparent that the pressure in the arterial bed will undergo decided fluctuations arising from the alternate contraction and relaxation of the left ventricle.

On ventricular discharge or systole a peak of pressure, or systolic pressure, will be attained, whereas on ventricular filling or diastole the arterial pressure will fall to its lowest ebb, and this maintained low pressure of the resting period of the ventricles is termed the diastolic pressure. The difference between the systolic and the diastolic pressures is the pulse pressure.

Construction of Blood-Pressure Apparatus

FROM the earliest exact measurements of the arterial blood pressure by direct cannulation of the vessel, the practical application of an indirect method has been evolved. Regardless of the type of apparatus utilized, experimental and clinical study has established certain principles. In the first place the standard forms of blood-pressure apparatus are composed of three essential parts: a constricting cuff to be placed about the upper arm or the thigh; a one-way air pump or bulb to effect increased pressure within this cuff; and a recording device, of which there are various types, appropriately connected to the cuff in order to measure the pressure necessary to cause certain changes in the peripheral arterial circulation. The constricting cuff is made of rubber of sufficient elasticity to avoid errors which might arise if an inordinate pressure were necessary to inflate the same. This cuff must be at least 10 cm. in width and should be enclosed in an inelastic binding, to eliminate further sources of error. As indicated, the pressure within the expansible cuff is increased by means of a one-way air pump or bulb, and gradual release of this tension is brought about by a needle valve, usually controlled by a thumb screw, conveniently placed close to the air pump or bulb. The pressure within the cuff may at any time be determined through the utilization of the graduated mercury manometer which has been calibrated in millimeters. In the aneroid type of instrument the mercury manometer has been replaced by a chamber of corrugated metal, which responds delicately to changes in pressure and registers the same upon an attached dial. While

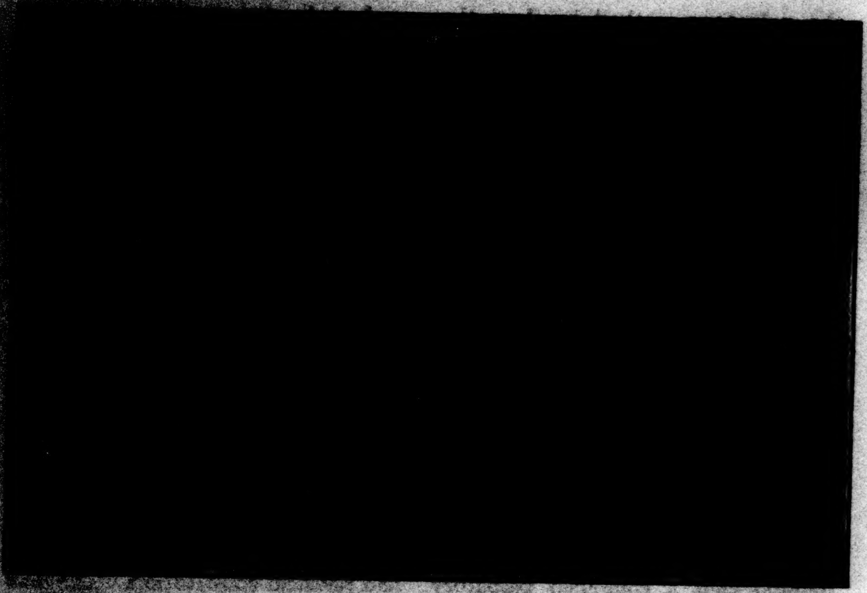

Figure 1.—The auscultatory method of determining the blood pressure of a reclining patient

the [illegible] sphygmomanometer is [illegible] compact and convenient, all such forms have the inherent source of possible error in alteration of the tension of the [illegible] parts. In passing, the observer is cautioned to standardize any such apparatus against a mercury manometer at weekly or [illegible] intervals, in order to correct discrepancies.

Technic of Blood-Pressure Taking

[illegible] of the usual technic of sphygmomanometry the subject in the [illegible] or sitting posture [illegible] the [illegible] [illegible] blood pressure [illegible] The observer [illegible] should always be [illegible] position. The cuff is wrapped snugly about the upper arm without exerting any pressure. (In an infant or a small child the thigh and the popliteal artery may be utilized in preference to the arm.) Care should be exercised always to place the expansible cuff directly over the brachial artery or whatever vessel is under study. It is advisable that the elastic cuff be just short of complete deflation. Then by means of the attached rubber bulb the expansible cuff is distended steadily until the radial pulse is obliterated. From this level the pressure in the cuff is slowly reduced through the needle valve. Readings should be made as quickly as compatible with accuracy, avoiding continued pressure on the vessel and remembering that first readings may be elevated through psychic effects.

From this point one of two methods [illegible] for the usual blood pressure determination. In the first place

[illegible]

[illegible] and visual method is herein described, since there is no general clinical subscription to the palpatory reading of the diastolic pressure.

Within comparatively recent years the palpatory method of sphygmomanometry has given way almost entirely to the auscultatory method. By this method the arrangement of details is the same, with the exception that the end points are determined by auscultation of the brachial artery below the cuff, i.e., just above the elbow, where the pulse of the brachial artery may be felt medial to the tendon of the biceps muscle. [illegible]

[illegible] considerable experience is required to fix the diastolic blood pressure.

Significance of Blood Pressure

NORMALLY, in the adult male, the systolic blood pressure ranges between 120 and 140 mm. of mercury and it is somewhat lower (10 to 15 mm.) in the female for the same age and physical constitution. The diastolic blood pressure ordinarily registers 80 to 90 mm. of mercury for the normal adult male. A rough working rule makes the pulse pressure one-quarter to one-third of the systolic pressure, but this is obviously inaccurate, since the normal diastolic pressure never exceeds 100 mm. of mercury and an application of the above ratios to figures of systolic arterial blood pressure approaching the upper limits of normality would prove their error. It must be borne in mind that the arterial blood pressure may vary considerably under the influence of certain physiologic factors.

[illegible]

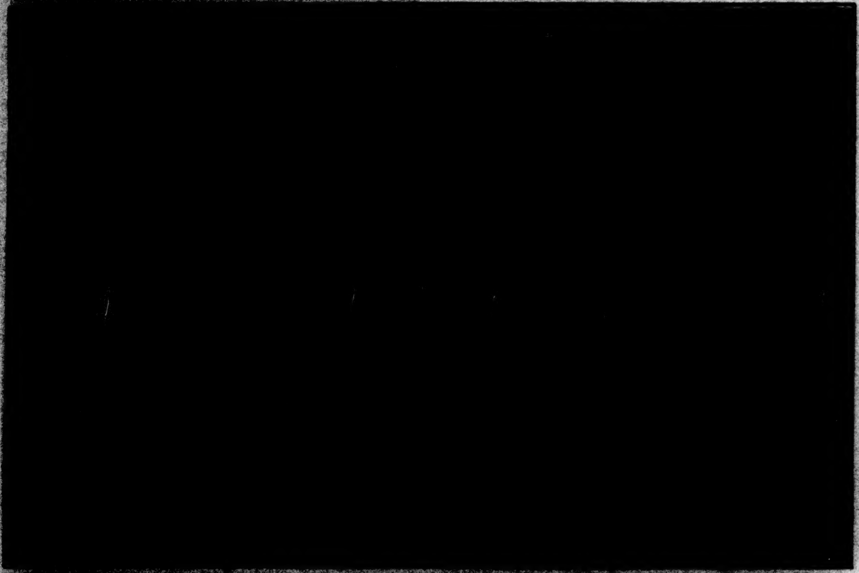

FIG. [illegible].—The auscultatory method of determining the blood pressure of a patient in sitting posture. In the out-patient department the apparatus is attached to the wall at a convenient height where the figures may be easily read

diastolic pressure is the real index of the [illegible] load of the heart. With advancing years the systolic pressure tends to rise; but any figure above 160 mm., regardless of the age, should be deemed pathologic. The rule of 100 mm. plus the age of the subject for the systolic pressure finds more exceptions than applications. To [illegible] most of the lay [illegible] and information as to "blood pressure" may be traced. The [illegible] of these agencies in [illegible] hypertension in turn arose [illegible] acceptance of the [illegible] prognosis for [illegible] such a finding. [illegible] that arterial [illegible], even of the so-called [illegible] or essential type, is merely [illegible] some more fundamental [illegible]. Indeed many of the subjects with such a manifestation survive their underlying conditions, as Bright's disease, and maintain relatively normal activity, frequently, simply through the compensatory mechanism of an arterial hypertension. Furthermore, it should be emphasized that elevations of the diastolic pressure above 100 mm. of mercury are far more important as measurements of increased circulatory load than are systolic pressures proportionally elevated above 160 mm. In neither case is a diagnosis or a prognosis permissible on this information alone.

A systolic blood pressure in an adult male falling below 100 mm. of mercury constitutes arterial hypotension. Just as in instances of hypertension, the cause may be obscure and these cases are termed essential hypotension. In a better understood relation

[illegible]

[illegible] general utility of this study [illegible] in anesthesia. No gen[illegible] should be given without [illegible]. Not only does a sudden [illegible] blood pressure warn the [illegible] and the surgeon of im[illegible] but also in several [illegible] is a valuable guide [illegible] and state of anesthesia. [illegible] one of its conspicuous [illegible] blood pressure. Hence it is the practice of progressive surgeons not only to follow the blood pressure curve of their traumatic cases and those in which blood loss is recognized, but also the blood pressure of all patients coming to operation [illegible] and for a safe [illegible]. Graphic charts of the blood pressure trend are made by the [illegible] in conjunction with the pulse record and at a glance the attending [illegible] may picture this important phase of the patient's condition. [illegible] standpoint it is [illegible] bear in mind that a [illegible] blood pressure steadily de[illegible] mm. of mercury or below [illegible] two hours cannot be [illegible] normal level and these [illegible] by any known means. [illegible] during the World War [illegible] in this field [illegible] to be physiologi[illegible] spinal fluid of spinal [illegible] should be [illegible] upon the action of [illegible] may be carefully checked by blood pressure studies. In preference to awaiting the development of lowered blood pressure, prophylactic measures have been introduced, important among which has been the use of ephedrine.

Mention has been made earlier of the necessity for frequent blood pressure determinations in injuries to the head. With increased intracranial pressure there steadily develops an increase in blood pressure. Hence in individuals receiving a trauma to the head and in all comatose patients whose background is uncertain, the tendency of the blood pressure must be followed carefully by frequent determinations. The early diagnosis of an intracranial accident may depend upon this finding. Later with the failure of the medullary centers, the blood pressure which has been mounting steadily with increasing intracranial pressure, may fall sharply.

In this brief survey it has been attempted to elucidate the true significance of arterial blood pressure. The technic of its determination has been discussed. The pathologic physiology leading to its alterations, has been briefly outlined. The clinical applications of blood pressure studies involve a limited but well defined and important group of conditions. In this particular field a nurse's intelligent cooperation is no less applicable than in the study of the pulse or the respiration. A standardized technic has merely extended the nurse's usefulness.

The Care of the Sick in Almshouses

HELEN W. MUNSON, R.N.

IT is rather shocking just at a time when we are beginning to take pride in the fact that we are extending nursing service to nearly all groups—the sick, the well, the young and the poor—to find within the last group—the poor—one whole section which receives practically no nursing at all. These are the [illegible] old, the aged, infirm, and chronically sick who make up the population of the almshouses of this country.

It is not particularly helpful at this point to say that there should be no almshouses, or that the present development of social consciousness is doing away with the classes who once inhabited the almshouses. These institutions are with us and probably will continue to be for some time to come. True, with the development of social service, with mothers' pensions, workmen's compensation, and other forms of out-door relief, the almshouse population has changed and many of those who might have been its inmates under the conditions of former years have been [illegible] from sinking to dependence. However, there still remain those, old and broken, who did not in their youth have the help of social service as we now know it, and who, unable to help themselves, must remain a charge on the community for some time to come. As the Women's Department of the National Civic Federation reports, following a study of the almshouses of four states:

> The almshouse as such has had its place in a quickened social conscience, and it requires a social institution. It is only natural that in a [illegible] tion and [illegible] the almshouse will be [illegible] play [illegible] part, [illegible] for [illegible] of [illegible] work. Nevertheless, it is a social problem and, in some form, an almshouse necessity. Intelligently organized outdoor relief would minimize the problem; specialized institutions for the care and treatment of certain pathological conditions would divert persons of it into other channels; but there will probably remain a group which, without requiring specialized treatment, must have some sort of custodial care. Only a few persons would not alter the aspect of indigency because of the present incapacity of that element for making its own way.[1]

Physical Condition of Almshouse Inmates

SOME of us no doubt have thought of those living in almshouses as peaceful old men and women, not very active physically, but able to help themselves, glad to rest in the sun and dream of old times during the last lingering years of life. Or we have thought of them as the physically strong, though "constitutionally" lazy, who preferred existence on the county farm to a more independent and busy life elsewhere. Or we have not thought much about them at all. Certainly we have not thought of them as a special group needing nursing care.

Of the 10,072 inmates in almshouses in New York state in 1926, 4,291 were sick or infirm, 5,460 were over 70 years old, and 4,773 were between 50 and 70 years old.[2] The State Charities Aid Association of New York in the same year found through visiting 57 almshouses in that state that 75 per cent of the inmates were in need of nursing care, over one-third of these being bed patients.[3] During 1926, the State Charities Aid Association Almshouse

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[1] [illegible] Women's Department, National Civic Federation, [illegible]

[2] [illegible] State [illegible]

[3] [illegible] Aid Association [illegible] of Charities.

Visiting Committee found that in 24 almshouses [illegible] per cent of the inmates were over [illegible] years old, while in 23 of these [illegible] per cent of the population were in need of nursing care. It may be assumed also that this last figure would be somewhat increased if adequate medical records had been kept and medical examinations made regularly in these homes, which the committee found not to be the case.

Types of Cases in Almshouses Which Need Nursing Care

THE care of the sick in almshouses is essentially the care of the chronically ill patient. The "chronic" today is unpopular in hospital and public health nursing organizations. The prevention of illness and the supremacy of health have become our interests to such an extent that the incurably ill patient has begun to lose [illegible]. As soon as a hospital patient is known to be a "chronic" he is sent away as fast as possible, for modern hospital development has been almost entirely directed toward the care of acutely ill patients. This development has failed to consider the chronically ill patient and the two types of cases cannot be cared for efficiently and economically in the same institution. Visiting nurse associations in some instances refuse to "carry chronics." And so the last resort of the chronically sick poor is coming to be the almshouse, where, for the most part, nursing and medical service is woefully inadequate.

In 23 almshouses in New York state the types of cases needing nursing care were found by the Almshouse Visiting Committee of the State Charities Aid Association to be as follows:[4]

	Bed Cases		Not Bed Cases	
	Men	Women	Men	Women
Tuberculosis	3	1	8	1
Pneumonia and bronchitis	1	3	3	1
Cancer	6	5	7	5
[illegible]	34	17	68	27
[illegible]	28	22	74	31
[illegible]	18	5	119	27
[illegible] from other causes	1			2
[illegible]	2	1	9	8
[illegible] disease	3	1	25	7
[illegible]		1	4	
[illegible]				3
[illegible]		1		
[illegible]		2		
[illegible]	1			
[illegible] of age		3		1
[illegible]	1			
[illegible]	2			
Totals	100	62	317	113

Bed cases.......................... 162 Not bed cases.............. 430

Among the non-bed cases were many who needed bedside nursing at intervals, but who were up and about at the time the visits were made. The Committee also felt that the numbers were low during the summer when the visits were made than they would have been in winter when from 50 to 100 per cent of the almshouse population would be found to be suffering from rheumatism.

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[4] [illegible] Report of the State Charities Aid Association to the State Department of Charities.

In another state (Virginia) it is reported that:

"The population of the average almshouse is composed of the aged and infirm, the afflicted, the feeble-minded, [illegible] the blind, [illegible] and children of all ages. [illegible][2]

And in North Carolina, of the total number of inmates, more than 400 are reported sick. Paralysis, tuberculosis, gonorrhoea and cancer are among the more serious ailments.[3]

Adequacy of Nursing Care

WHILE many well and humanely run homes may be found, the reports of the care of the sick in many almshouses give such a picture of neglect, indifference, and poor management through ignorance as to be almost medieval in its outlines. Almshouses having space for infirmary service are found to be inadequately equipped and staffed. But worse than this are the many, particularly the many small almshouses, where there is no plan nor provision for the care of the sick and where such care is haphazard and incidental, or entirely lacking.

The Woman's Department of the National Civic Federation reports from its study of the almshouses of four states that the care of the sick in these institutions is "either creditable or appalling". It also goes on to report that:

"Even the best of the hospitalized almshouses are handicapped for want of trained personnel, and often for want of [illegible] to any degree. Trained nurses are few and resident doctors are rare. [illegible] are not [illegible] is given. Another [illegible] is in the fact that every effort in the way of hospitalization is an [illegible] with very little or no [illegible]. . . .

Where specialized care is not given, the sick for all their greater needs really receive less attention than do the ambulatory inmates who can look after their own needs. Illness in its very nature [illegible] and [illegible] the quarters occupied by the sick inmates are [illegible] and often less clean than the rest of the house.

The worst feature, however, is the fact that nursing care, the feeding of bed patients, and the many tasks that illness imposes are done after a fashion by other inmates,—nearly always by the mentally defective, because they are the able bodied.[4]

The State Charities Aid Association reports in 1928 that, even though the majority of the almshouses visited had special infirmary service, the nursing problem was complicated by the fact that the number of beds for the sick was inadequate and many had to be cared for in the general living quarters. In only 8 of the 27 almshouses visited were there trained nurses; in 8 the burden of the nursing care was carried by the superintendent or matron, though in 2 of these a special nurse might be called in when necessary; in 7 inmate labor was used for giving nursing care; while in the rest practical nurses or attendants were depended upon and no information as to the training or experience of these attendants was available.[5]

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[2] Virginia. State Board of [illegible] Corrections. Thirteenth Annual Report, p. 11.

[3] North Carolina. State Board of Charities and Public Welfare. Biennial Report, 1920–1922, p. 52.

[4] [illegible]

[5] [illegible] Annual Report of the State Charities Aid Association [illegible]

Estelle Stewart in her report on the "Cost of American Almshouses" points out that frequently in the smaller almshouses it is the matron who is responsible for such nursing care as is given, along with the housekeeping duties. This lady usually holds her position by virtue of being the wife of the superintendent and not at all because she is particularly well qualified for the position. That the nursing needs of the sick should go unrecognized or be quite lost among the household duties for which she is responsible is not surprising. In this connection Miss Stewart says:

> "The element of inmate care which receives the least attention is that which humanity demands should have the most—the nursing of sick, helpless, old people. The matron has not time to attend properly to nursing the sick, even if she had the knowledge and experience. Nurses are rarely found on the staffs of almshouses of less than one hundred inmates, and where they are it is usually because of the many patients in the almshouse. What medical care there is is given either by the county physician who makes routine visits, or by a physician who is retained by the county or town officials to respond to call when needed. Consequently the matron is chiefly, often solely, responsible for the care of inmates in illness, a responsibility which, considering the usual age of the patients, may mean life or death."[9]

To be sure, there are rare and unusual instances of individual matrons accomplishing wonders under great odds. The Woman's Department of the National Civic Federation reports such a matron who is a graduate nurse. This young woman, in spite of the inadequate buildings and public indifference, manages the housekeeping of the institution with no help except that of a feeble-minded inmate. She does all the cooking, cans fruit and vegetables for inmate use, and nurses two difficult paralytic cases, one of whom is incontinent.[10]

Now not only are such shining examples uncommon, but one wonders why a single individual should have to take on the whole of a burden which so manifestly is one for public concern. Here is further evidence of this curious indifference:

> The population on the day of the visit was four, three women and one man. The man and one woman were ambulatory cases, the man a cripple, the woman of very low mentality. The other two women were very old, 84 and 87. Both were bed cases, one crippled with rheumatism, the other absolutely helpless, and dying literally by inches from a complication of organic diseases. Both were incontinent, and the more helpless of the two has to be cleaned and dressed and her bedding renewed day and night.
>
> All of the nursing on the place is done by the matron, who does all of the work connected with the place—all of the laundering of the bedding for the two incontinent bed patients as well as of the clothing for all of them. She does the cooking of the heavy, more than ample meals which are served even to the bedridden old women. The matron herself is elderly. Since November there have been four deaths in the home, cases which apparently were taken there to die. According to the matron, "They don't live long after they are brought here—this is their last stop."[11]

All institutions are not so fortunate in their matrons. Some have no matron. For instance:

> The air is vitiated to a point that means actual distress to one coming from outdoors, and the odors are nauseating. Uncovered food stands about in unexpected and unlikely places. The inmates themselves are incredibly dirty.
>
> Four sick men were found lying in this squalor, and there was no one whose business it was to look after them in the slightest degree. The superintendent is a woman, who was absent at the time of the visit. It was reported that she is generally absent.[12]

And again from another source:

> In a certain county home in the state, in one room of a two-room cottage, lies an old man

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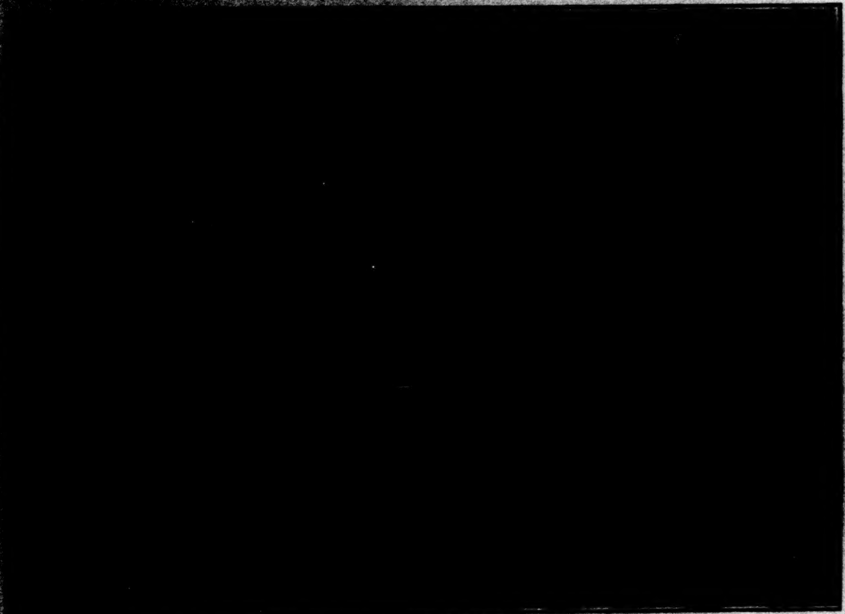
[9] *Cost of American Almshouses*, by Estelle Stewart. Bulletin of the U. S. Bureau of Labor Statistics No. 386, pp. 39–40.

[10] *Some American Almshouses.*

[11] *Ibid.*, p. 69.

[12] *Ibid.*, p. 82.

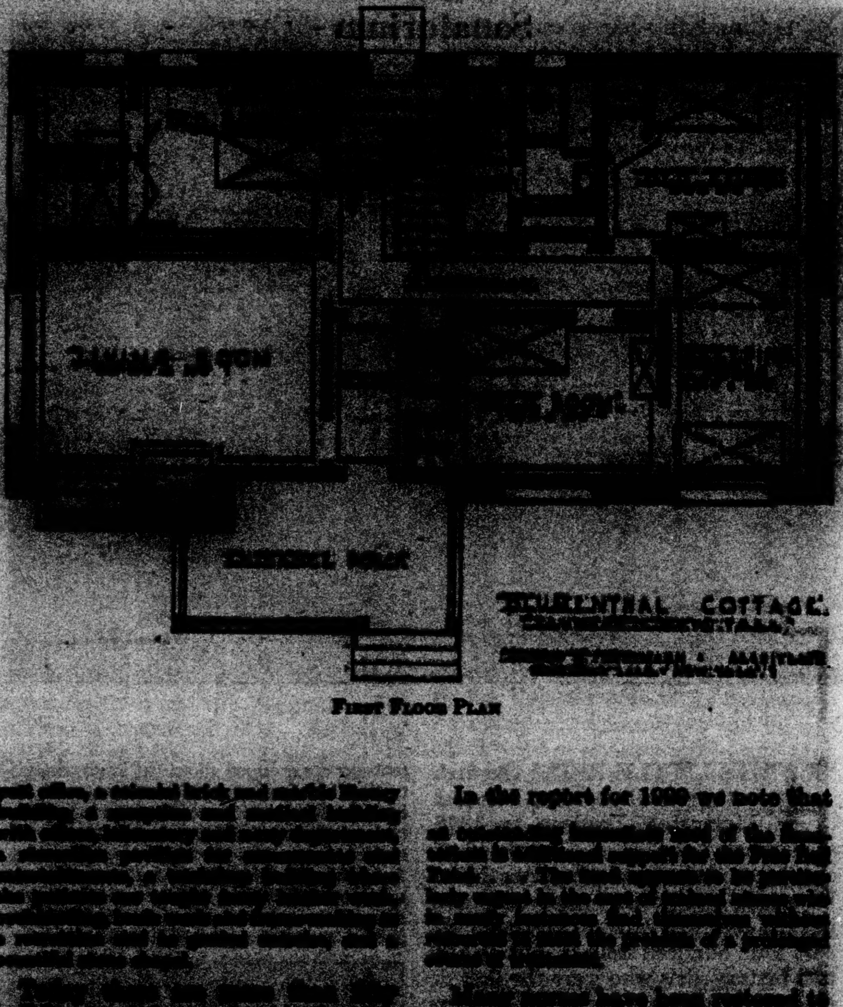
The Blumenthal Cottage for Nurses at Trudeau Sanatorium



"THE LITTLE RED," the first cottage built by Dr. Edward Livingston Trudeau in 1885 at Saranac Lake, N. Y., consisted of one room accommodating two beds. Its porch was so tiny that only one patient could sit out at one time. It cost four hundred dollars, but to the two factory girls who were the first of the long line of patients to be cared for at this new American institution, it seemed a palace. Of the Sanatorium as it stood when Dr. Trudeau, the beloved physician, was able to write shortly before his death in 1915:

[illegible] has grown to be a [illegible]. It comprises [illegible] the [illegible] building [illegible] gate, a distance of [illegible] of a mile. The patients' cottages are grouped about the large administration building, and other cottages for the heads of departments are clustered together at the south entrance, near which are the stables, barns, and the big fireproof laundry. In addition to the patients' cottages, there are many other buildings which represent various activities; a nurses' home for the Training School, an infirmary for bedridden patients, a

[illegible]


SCREENED PORCH
COTTAGE

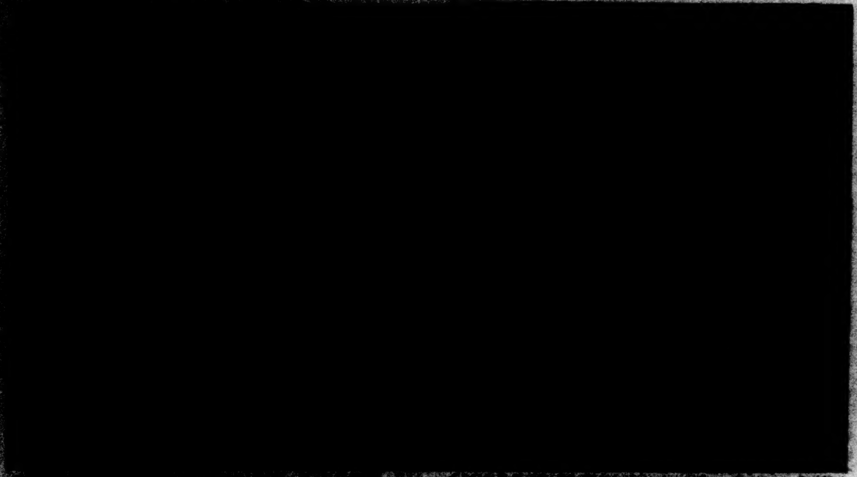
FIRST FLOOR PLAN

post office, a colonial brick and marble library [illegible]

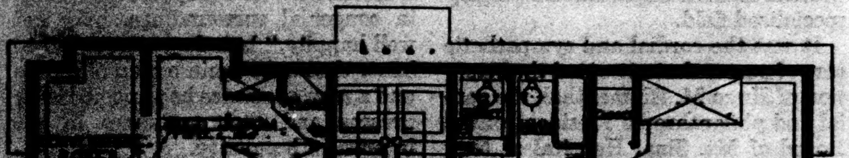
[illegible]

In the report for 1929 we note that [illegible]

[illegible]



[illegible] (Photograph by W. F. Kollecker, Saranac Lake, N. Y.)


BED ROOM
SLEEPING PORCH
CORRIDOR
BED ROOM
BED ROOM
SLEEPING PORCH
BED ROOM
SLEEPING PORCH
BLUMENTHAL · COTTAGE
TRUDEAU · NEW YORK
SCOPES & FEUSTMANN – ARCHITECTS
SARANAC LAKE · NEW YORK

SECOND FLOOR PLAN

[illegible]

[illegible]

provision is made for a third year of affiliation which qualifies for the New York State Board examinations those physically able to do the work. Such nurses become exceedingly valuable workers in their important and highly specialized field.

It was the cordial and sympathetic care of nurses that attracted the attention of Hugo M. Blumenthal, the genial and philanthropic President of the Board of Mt. Sinai Hospital of New York, to the work at Trudeau. Deeply sympathetic with the needs of nurses and keenly appreciative of the care accorded them at Trudeau, he characteristically sought a substantial medium for expressing this interest. Five years ago, he modestly says, he "began putting aside sums of money" to be used ultimately for a cottage. In April the Blumenthal Cottage for Nurses was opened at Trudeau.

What a contrast between "The Little Red" and [illegible] the group at the [illegible] used to run. As the plan shows, every detail has been worked out with greatest care. The porches open on lovely mountain views. Flanked with [illegible] the [illegible] of the building is carefully placed [illegible] to the administration [illegible] of [illegible] will be [illegible] always [illegible] those [illegible] important [illegible] than [illegible] who [illegible] care. The [illegible] Sanatorium [illegible] will be administered under its rules. The [illegible] are [illegible] the very moderate charges of the institution. It is to be used for graduate and student nurses. This is the one restriction placed upon the gift. Nurses who "cure" under its friendly roof may never see the donor nor catch the kindly gleam which accompanies his statement, "It is intended to be a place where nurses, in congenial surroundings, may get well happily," but they cannot fail to know that once again a man of means and a man of science have pooled their dreams and their resources in the interest of humanity.

* * *

The Dedication of the Nurse

RECOGNIZING the importance of the [illegible] and [illegible] art and the devotion [illegible],

I will [illegible] the purity of my mind and body.

[illegible]

[illegible] is harmful to [illegible] and self.

[illegible]

A Window

JESSIE P. WILSON, R.N.

THE editors of the *Journal* have requested that private duty nurses become articulate. I have read and heard of much discontent among private duty nurses, due to too long, unpaid time while waiting for cases in slack seasons, inadequate [illegible]. I realize all those disadvantages, and shall welcome the new conditions that are sure to come—improved conditions for both nurses and patients, group nursing, shorter hours, steady employment, and a salary we can depend upon and budget in the approved fashion.

I want to write a few words from another point of view, nothing new at all but the happy experience of one nurse that may be the experience of many more under the present conditions of private nursing. *We are not all discontented.* As one of the writers in a recent number of the *Journal* says, "Some nurses like bedside nursing." I, for one, and I know many others who do. I enjoy the intimate contact with my patients. I am intensely interested in human nature and like to study it at close range, and what better opportunity can one have of doing that than in nursing people—men, women and children—through illness, weakness, helplessness, back through convalescence to health, or [illegible] going down with them into the valley of death, making the way a little easier for them and standing [illegible] the moment when they [illegible] beyond. Then it is [illegible] to turn back from that [illegible] to give what comfort and [illegible] to the sorrowing [illegible] behind. And again what [illegible] in welcoming a new life, in [illegible] the exquisite little creature [illegible] new and healthy baby is, and in teaching a new mother how to care for her baby.

I attended a Lenten service recently,[1] in a beautiful little chapel. The morning sun was shining through a lovely stained glass window above the altar. The thought came to me that we could make our lives like that window if we would, and that the life of a nurse was particularly rich in opportunities for the making of such a window. It is because of that thought that I am attempting to write now and to share with others the aspiration toward loveliness and beauty that came to me then.

The window is made up of color, of background, of lights and shadows, and the glory and beauty of the window is the bright light shining through it. That light in our lives is God's love. We may not be conscious of it. We may think we are not religious. But nevertheless our kindliness, gentleness, good temper, and cheerfulness with our patients is a reflection of that light. The lights and shadows in the picture are made up of joys and sorrows, our own or those shared with others, and so made part of our experience. The colors are made up of many ingredients. Those of us in whom the maternal instinct is strong find scope and happy outlet in the care of children and babies. That makes a beautiful color in the window. Then there is the sense of humor. We are blest if we have it and badly off if we wander into nursing without it. There are few things that help more in a convalescent case.

Culture is a word that covers many things. Some of us have very little of it, but it is something that can be acquired if we want it badly enough and are willing to work for it. Without it you cannot make your window really beautiful, and it seems to me almost indispensable [illegible] can be deliberately cultivated. We can expose ourselves to good music whenever we have a chance. If we have any knowledge of music and can play or sing we touch the [illegible]. Then there are museums and art galleries within reach of most of us. If you begin to study a particular subject it is surprising what riches you find. Once I was nursing a boy and, during his convalescence, we both became interested in Indian art. We got scrapbooks and sent for copies of [illegible] from the Perry Picture Company. I began reading about the Indian Renaissance, and my interest since then has taken me to art galleries and opened books to me that I should not have found or looked for before.

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[1] Publication of this article was delayed by the wealth of Convention material.—*Editor.*

There is another source of endless interest both for the nurse and often for her patients, and that is handicrafts of all kinds, [illegible] knitting, [illegible] painting, [illegible] old girl at night. I [illegible] make your house tonight?" and each morning, when she woke she asked, "Will you show me your house?" And during the day she would talk to her mother about the picture. When it was finished and framed, I left it in the room so that she could show it to her mother and [illegible] and some of her friends. That made a streak of colour [illegible] we both enjoyed it.

We could all think of ways of putting lovely colour into our windows. And then there is the background. It cannot be all lights and shadows and beautiful colour. There must always be a background against which the brighter colours stand out and which, woven in among the figures, gives harmony and binds all together. In our lives as nurses this background is made up of weariness and fatigue, patiently borne, of going on from a sense of duty when for the time being our inspiration burns low, of kindness and good temper to trying and apparently uninteresting patients. I said "apparently" uninteresting patients because I believe that if we have a genuine interest in people we can find something of interest, some point of contact, in everyone. Just to illustrate this,—I nursed an old farmer of ninety. He had only once been outside his own county, when he was a boy and his mother took him to New York. He had had no schooling, had never married, had lived with another old man on his farm for many years and [illegible] under it and dug out alive. That woke a responsive spark in my old [illegible]; for several evenings he was [illegible] telling me how he dug his way from the [illegible] across a meadow, through the drifts, to the cowbarn where the cows, with distended udders, were [illegible] and waiting to be milked. He lived that blizzard over again and made it real to me, too. Most of the [illegible] of that old man was background, but there were spots of color here and there, and the blizzard was one of them, even if it was made up of snowdrifts.

To make a beautiful window through which the light can shine, a nurse must keep her body healthy by fresh air, sunshine, exercise and hygiene, her mind fresh and alert by recreation and outside interests, vacations and travel whenever she can manage them, and her spirit pure, courageous, and steadfast by contact with the best that she knows and can reach,—the Light, or the reflection of that Light.

Treatment of Empyema in Children

PATRICK J. MAHONEY, M.D.

ALMOST every year—especially since the work of the Empyema Commission in the World War [illegible] has been advocated for the treatment, by closed drainage, of empyema. Not infrequently these advocates of a new method go to extremes and claim that their apparatus is especially suited for use in the treatment of all cases of empyema. In view of such claims one need but [illegible], the adherence to [illegible] of closed methods of [illegible] the post-war period. [illegible] the cause for this [illegible] modification in treatment [illegible] streptococ- [illegible] and the [illegible] by early open [illegible]. A [illegible] years the methods of treatment of empyema have [illegible] of the Children's [illegible]. [illegible] had [illegible] upon the surgeons that empyema should not be treated as a surgical emergency. It was well known that operations performed in the syn-pneumonic stage were accompanied by a much higher mortality than when a waiting policy was adopted. Distressing symptoms could be relieved by thoracentesis while waiting for the pneumonia to disappear.

As soon as possible after admission all empyemas are now classified into types—according to the causative organism—be it the streptococcus, the staphylococcus, or the pneumococcus. Then these types can then be subdivided into two groups each and called "early" or "late," depending on whether or not the syn-pneumonic stage exists.

The pus of each of these types has easily recognizable characteristics. Confirmation of accurate diagnosis is given in a very short time by the bacteriologist.

Discussion of Types and Treatment Used

STREPTOCOCCUS *Empyema.*—Children with streptococcus empyema are, generally speaking, the sickest. This special type carries with it the highest mortality. The disease is not infrequently preceded by a severe upper respiratory infection, a bronchitis, or an influenzal pneumonia. In the early stage of this type of empyema operation is absolutely contraindicated. Every means of supportive treatment should be afforded—forced fluids, food as tolerated, morphin, rest in Fowler's position, thoracentesis as indicated, and good general nursing care are all in order. The temperature and pulse are usually very high. With a low resistance the white count is not infrequently low. By supportive treatment in the course of a few days the temperature and pulse fall, and the white count goes up. The child then does not look so sick, though there still is respiratory embarrassment. We are now in the "late" stage.

It is in this "later" stage, and not until then, that operation is to be considered—most agree that closed drainage is the operative procedure of choice. For this the apparatus described herewith is quite effective.

Staphylococcus Empyema.—This is the rarest of types mentioned and in our experience carries with it the lowest mortality. It is usually a sequel to a long drawn out bronchopneumonia. Operation is to be avoided here in the synpneumonic stage, multiple thoracenteses being used to carry on. The fluid is quite characteristic in that it is heavily laden with thick pus cells and has little fibrin. These cases do well with the closed method of drainage here described, there being little tendency to the formation of adhesions which prevent expansion of the lung.

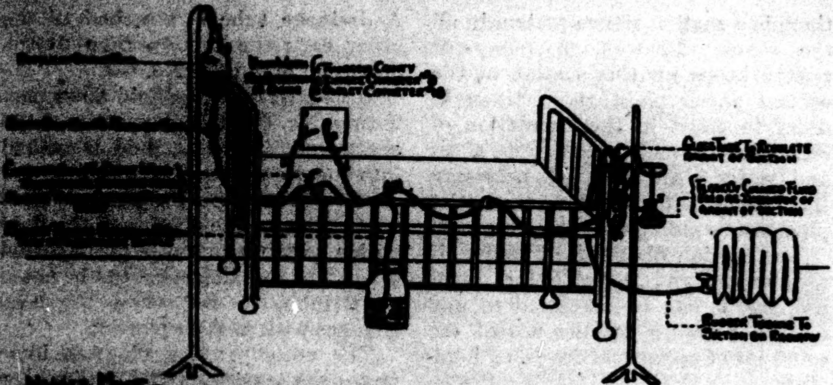
Pneumococcus Empyema.—This is the kind so frequently seen coming on after or as a complication of acute lobar pneumonia. Ordinarily, in children, the diagnosis is not well established by the local doctor until the pneumonia is over—hence there is less chance or danger here of operating in the synpneumonic stage.

The exudation fluid obtained in pneumococcus empyema is quite characteristic. It is a thick greenish yellow, and contains a large amount of fibrin. Should operation be delayed, the fibrin has a tendency to organize to form a thick fibroplastic material which forms the basis for adhesions. These adhesions may form in such a way as to hold a lung collapsed. Hence, we can see that often in late pneumococcus empyema, a closed drainage would be inadequate because these adhesions could not be broken up so as to allow the lung to expand.

All are agreed at this hospital that in the late stage a rib resection which permits the freeing of adhesions and the cleaning out of the fibrinopurulent and the plastic exudate is the operation of choice. Should one, however, have reason to believe that adhesions have not formed (*i. e.* relatively early case) and that the fibrin is not plastic, there certainly is no contra-indication but rather an indication for closed drainage.

Closed Drainage

PERHAPS the simplest method of closed drainage is the following. A catheter is passed to the pleural cavity [illegible]


Glass Tube To Regulate Amount of Suction
Rubber Tubing To Suction On Radiator

Nurses Must—
a- Keep [illegible] With Sterile Fluid. Never Allow To Run Dry
b- Watch Dressing Over Catheters in Chest For Any Drainage Around Tube And Report At Once
c- Notify House Officer if Level Of Fluid In Indicator (c) Drops Below Level Ordered
d- Keep All Rubber Tubing Free From Kinks Or Twists
e- See That Fluid is Flowing Thru Glass Tubes (a) At All Times.
f- Clamp Tube Going Into Drainage Bottle Before Removing To Empty Bottle
g- Clamp Intake And Outlet Tubes Before Removing Any Part To Clean
h- Never Lift Drainage Bottle Above Level Of Chest Without Clamping Off Tube

bottle at the side of the bed. Its distal end is kept under water. Gravity [illegible] in drainage. One disadvantage of this scheme is that of irrigation, during which it is difficult to avoid getting air into the thoracic cavity.

[illegible] of Baltimore in 1928 and 1929 reported on a series of cases treated with [illegible] irrigation and suction. A small number of cases (about fifteen) were treated at the Children's Hospital. The results, while no worse than other methods heretofore tried, were not impressive considering the great increase in labor and worry involved. There [illegible] very great handicap [illegible] unit. (Connell appara- [illegible]

[illegible] Connell apparatus does well— [illegible] an intern or graduate [illegible] a mechanical trend of [illegible] who is interested in the [illegible] must be on call [illegible] the apparatus at very frequent intervals. The average nurse or student has a certain amount of fear in attempting to manage what seems to her, at first, dozens of tubes and bits of glassware running in every direction; the average intern is really too busy to give it sufficient time. Breakage is another important factor—especially on a children's ward where frequent attentions to the child are required.

In view of these difficulties, an attempt was made here to obtain a simpler type of suction, one that would be reliable, cause no noise, and would work at all times with the minimum amount of nursing attention.

At first we thought of a small electric motor, but these are apt to get out of order and they are noisy. A faucet water pump is not feasible because of hospital construction. Finally it was observed that at the Children's Hospital, as is true in almost any large plant,

[illegible]

there is a suction return system in all the steam radiators. A pump or pumps keeps up this suction at the central power plant at all times in order to assist in the circulation of steam and in keeping the system free of air and water. All that was necessary then was to put a [illegible] to the outlet pipe of any radiator.

The suction obtained, of course, is too strong and variable for direct use, but it can be regulated to any desired pressure by the use of the small bit of apparatus described herewith.

This pressure-regulating device consists of a [illegible] bottle with three glass tubes and a rubber stopper. Two of the tubes, A and C, are short right angle tubes; tube B is long. Tube A is connected by rubber tubing to the radiator. The quantity of suction which is obtained at C is dependent upon the distance tube B is below the water level. For example, if the lower end of tube B is above water level, then air is drawn through tube B with hardly any resistance. As a result of this no suction is exerted at tube C outlet. If, on the other hand, tube B is 6 cm. below water level, it will be noted on the manometer, in connection with tube C and the pleural cavity, that there is a negative pressure of 6 cm. of water in the tubes and, therefore, in the pleural cavity.

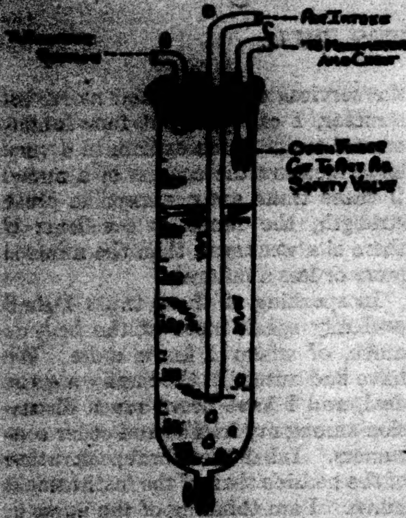
The accompanying diagram [illegible] illustrate how the entire apparatus works. [illegible] from a [illegible] bulb [illegible] No. 6-1, [illegible] attached [illegible] [illegible] T tube No. 6-1 [illegible] No. 6 [illegible] at the same level with T tube No. 6-2. A drainage tube is attached to the lower end; the suction tube to the [illegible] of T tube No. 6-2.

[illegible]: As the fluid flows past T tube No. 6-1 with [illegible] of the chest [illegible] fluid is sucked into [illegible] the lung and [illegible]. With [illegible] of the chest wall the fluid with a [illegible] of pus is forced out. The [illegible] effect can be noted at T tube No. 6-2 where the level changes with each inspiration.

The accompanying diagram illustrates the apparatus and outlines the duties of the nurse in charge of the patient. The entire apparatus can be [illegible] and [illegible] by the nurse in less than thirty minutes, which is [illegible] about the time taken in sending a patient to and from the operating room.

In children, the intercostal tube stays in position without leakage for about a week's time. If, when leakage is first noted, the area is cleaned, and then adhesive applied so as to draw the skin [illegible] toward the tube, leakage is usually prevented for four or five days. By this time, the cavity is practically obliterated, or very small, and [illegible] with a small catheter for a [illegible] to [illegible] it, and allow healing over of the area.

Two or three [illegible]



Pressure-Regulating Device

for about ten days. These patients did very well.

The advantages of this particular type of drainage are:

1. Once set up and working it requires very little adjusting but hourly attention.
2. The patient is not disturbed every four hours or so for irrigations and painful dressings, rather he is being irrigated painlessly every minute of the day and night.
3. Blow bottles are not needed because the suction tends to pull the lung to the chest wall.
4. There is a marked saving on sterile supplies of gauze, cotton, towels, et cetera.
5. All the infectious material is collected in one bottle, the disposal of which is easy. Hence, there is markedly less chance of ward contamination.
6. Its cost is practically nil, considering the "free" suction.
7. The children are comfortable and pleased with the bubbling fluid (usually colored for effect) at the foot of the bed.

Public Health Nursing at Fordham University

A DEPARTMENT of Public Health Nursing has been established in the School of Sociology and Social Service of Fordham University with Ann Doyle, R.N., B.S., as Director. Fordham is the first of the Catholic universities to offer courses in public health nursing. Applicants must be high school graduates, registered nurses, graduates of a school of nursing of [illegible] standards and eligible for membership in the National Organization for Public Health Nursing. [illegible] in public health nursing [illegible] to students [illegible] and field [illegible] health [illegible]. Re- [illegible] Public Health [illegible], Medicine, Public [illegible] Social Case [illegible] Methods of Teaching [illegible] from courses al- [illegible] in the university and a minimum period of eight weeks of field work complete the requirements. Most of the courses are planned for the evening in order to make the work widely available for nurses now employed in or near New York City. An interesting feature of the work is the provision of a special Saturday afternoon class in public health nursing planned especially for directors, instructors and supervisors in schools of nursing. The rich public health facilities of New York City and vicinity will be drawn upon for observation and practice. Under the direction of Miss Doyle, graduate of the Georgetown University Hospital, who holds a diploma in Organization and Supervision in Public Health Nursing from Teachers College, Columbia University, and who is widely known for her work with the U. S. Public Health Service, the success of the new department seems assured.

Personality in Nursing[1]

W. W. CHARTERS, PH.D.

I HAVE been interested in personality, applied to any profession, for a number of years, having had the opportunity to study with some care the personal traits of [illegible] people, [illegible], [illegible] men, teachers, and members of other occupations. I am interested in making such analyses—not so much to find out what traits are most important, but probably to find ways in which to base the development of personality. I for one believe that personality can be developed, not only can be developed but is being developed, all the time. A personality changes with the years. Personality at the age of sixty is not the same that it was at sixteen, or twenty-six, or thirty-six, or forty-six. Changes in personality are the expected and the common occurrence in life.

It is possible to hasten changes in personality. If a person has a trait which is not satisfactory, he may in time outgrow it, but it is possible by paying attention to it to change it more rapidly. The change might ordinarily take a lifetime, but sometimes it can be made in six months or a year if one turns oneself to the task intensively.

If I should make a complete analysis of the traits of nurses, I shall probably find in the neighborhood of seventy or eighty. I can [illegible] them into a list of twenty-five, which is still a long list. We can carry the analysis a step farther and pick out four or five traits which in my way of thinking are the essential traits of nurses.

As I have observed the nursing profession in action, as the recipient of the services of nurses, and as an instructor, I can pick out four fundamental traits which explain in a very large measure the success of a nurse. If these traits are possessed in great strength, the nurse is excellent; if there is a weakness, then the nurse is more or less a failure.

In speaking of these traits I shall probably speak more of the bedside nurse, of whom I know more. We have had nurses in the family a great deal, and I have heard much discussion among my friends and other acquaintances. I shall therefore speak rather of the bedside than of the institutional nurse. I am thinking of the nurse in relationship to the patient and to the family, but on some other occasion it might easily be possible for me to make applications to the institutional nurse.

The first trait that I wish to mention is of primary importance in nursing as in all other vocations—dependability. By that I mean honesty, sincerity, punctuality—all those traits which we think of as making a worthy character, a substantial character, a character that one can count upon in an emergency or at any other time. I suppose you will all agree with me in this. [illegible]

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[1] Read before the [illegible] State Nurses' Association, [illegible]

[illegible] thing; if they do not do it, [illegible] to revise my actions.

[illegible] a department store film [illegible] what happens when a [illegible] the wrong address on a [illegible] In this lucid picture we find [illegible] people who have to do [illegible] because a girl spelled [illegible] incorrectly. That illustrates [illegible] I have stated. The [illegible] "Do so-and-so." He [illegible] thinking it will be done. He [illegible] his work accordingly, but if he finds that it has not been done he has to do his work over again. No [illegible] to change his plans, and in the nurse's occupation such lack of dependability frequently results in [illegible]

The trait of dependability, then, is one we have taken for granted in the [illegible] I think there is no trait whose absence is more important in keeping nurses out of positions. If a [illegible] be counted upon she may be employed once but she will not be employed again by those who know her. Everywhere in the world we want people to stay put. When asked to do a thing, they are expected to do it, and failure to do it is very severely punished in all professions. The erratic individual is not [illegible]

Dependability, then, is the basic [illegible] which the profession rests.

[illegible] trait which I shall mention [illegible] one. I call it [illegible] I have seen many nurses [illegible] home, perhaps a dozen or [illegible] We have been married a long [illegible] have a family of four children. [illegible] was not sick the [illegible] all sick together [illegible] reviewing this long list [illegible] and after listening to the [illegible] of other people, I have [illegible] the conclusion that the [illegible] sympathetic nurse in the family is the one whom we like to have, whom we remember, and who in some cases has become a long-term friend of the family. Our family has two or three nurse friends now with whom we have been intimate for ten or fifteen years. We take them as members of the family so that from time to time they visit as house guests. As I see it, these particular nurses were typical of the high type referred to. They were absolutely dependable, felt a liking for the family, and so engendered a mutual regard.

To be friendly, it is not necessary to make intimate friends of everybody. I am not thinking of intimacy, but of that trait which enables us to like people in general.

There are people who would stand before a group like this, look over the faces, and think of all that is wrong with them. They would think that there was no one person they would care much for. They have a negative attitude. Other people standing before a group like this would take for granted that there were many fine people in the group and that everybody was nice to some extent. That expresses the attitude of friendliness.

Friendliness toward people is entirely a matter of the personal point of view of the individual; it does not reside in other people. If my attitude toward people is unfriendly, it is not the fault of the people, it is my fault, because in the main, by and large, people are more good than bad. People mean well more than they mean badly. If I am in a community for a year and in that time have grown to dislike the people completely, I may rest assured that the fault is mine, not the community's. It does not matter where the community is, there are likable people always to be found. Friendliness, then, is completely within the control of the individual.

[illegible]

There are even possibilities that a person, [illegible]

I have seen this [illegible] In fact, [illegible] [illegible] [illegible] [illegible] [illegible] As soon as I [illegible] [illegible] [illegible] of the first thing that pops into your head about that person. Take your last patient. What was your first thought? Was it friendly or unfriendly? Was it of some fault, or some good quality? Think of your best friend. Think of your [illegible] brother. Think of your [illegible]. My point is this: If, when names come up, you first think something you do not like [illegible] [illegible] you can be sure that you are very critical of people and not friendly. The first thing that pops into your mind is the [illegible] of what you think of people. If the first thing is always critical, then you are critical, and, I would [illegible], you are unfriendly.

I am not one who believes we should all be pollyannas. I should not like to live in a [illegible] where people [illegible] only good of others. Most people [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] people [illegible] [illegible] good [illegible] they are kind [illegible] [illegible] [illegible] [illegible] allowed, of course, [illegible] [illegible] faults, but they [illegible] [illegible] [illegible] of course that is [illegible] [illegible] on the good side. Of course, everybody is allowed in this world to have a few "pet peeves." I am talking about the few [illegible] [illegible] we think well of people. If we [illegible] look around [illegible] [illegible] [illegible] [illegible] points, [illegible] [illegible] [illegible] [illegible] In fact, that is the way to [illegible] [illegible] Try it out on yourself. If you want to take a little exercise in developing [illegible] [illegible] your "pet peeve," and instead of [illegible] off his [illegible] [illegible] [illegible] [illegible] try to think of his good points.

[illegible] [illegible] [illegible] [illegible] is a very [illegible] [illegible] [illegible] [illegible] [illegible] of the good points of people rather than their bad points. It is [illegible] [illegible] when people [illegible] [illegible] who are friendly disposed, and [illegible] [illegible] [illegible] It makes a [illegible] [illegible] [illegible] [illegible] I should hate to [illegible] [illegible] [illegible] of everybody. [illegible] [illegible] the people I would have to live with. They would be selfish, [illegible] [illegible] I would have to [illegible] [illegible] [illegible] people all my life. [illegible] I should [illegible] [illegible] [illegible] On the other hand, [illegible] [illegible] the same people [illegible] [illegible] [illegible] certainly [illegible] [illegible] We may say, "This [illegible] [illegible] [illegible] [illegible] but she's a very [illegible] person." [illegible] is not very [illegible] but she is certainly dependable, and [illegible] [illegible] her [illegible]

[illegible] has a knack to handle the situation. She understands the right thing to do. She does not have to work by [illegible] thumb. She must be able to obey the doctor's orders, but when the doctor's orders do not cover the [illegible] is bright enough to think of the thing to be done. The "dumb" nurse, the nurse who is not intelligent [illegible] and not keen, is not likely to be so useful to the family or to the doctor as the nurse who has some ideas of her own.

I know I am walking on dangerous ground. There are some doctors who [illegible] are not very intelligent, and say to the nurse: "You do exactly what you are told, and do not do anything else." I have heard of such doctors. I never saw one myself, but the type is clear enough. Such a doctor will not allow the nurse to have any initiative in any way. Perhaps you are taught that in your schools. You must obey implicitly. Yet you can obey the doctor's orders implicitly, and still have use for your intelligence [illegible] in meeting situations which he has not described.

The fourth quality is one which for want of a better term we might call leadership. I mean by that, ability to manage. When one gets sick and sends for a doctor, in nine cases out of ten the chief advantage in having the doctor is the [illegible]. He has [illegible] leadership. He says the baby is not so sick, he gives some pills, he directs that the window be opened. But when he has gone one's whole attitude toward the illness is completely changed.

[illegible] wonderful thing in the world for a nurse to come into a family, where some member is sud- [illegible], and take charge of things. [illegible] not mean that she washes the dishes, carries the coal, and the like. Such things are manual labor. I mean that she has the ability to size up the situation, smooth things out, so that affairs will be running quietly and easily; sometimes delegating work to others; sometimes telling the mother what to do, sometimes doing little things herself. In other words she takes hold of the chaotic situation and runs things more smoothly perhaps than the housewife herself had been able to run them. Such a nurse is worth her weight in gold. In many cases it does not involve a huge amount of work. It means the using of one's brain and managerial ability to get things running smoothly. Some people are born good managers, but most people have to achieve it. It is a thing that can be achieved by a very simple process.

A manager is one who is able to detach himself from a situation and see what needs to be done in an orderly sort of way. She is one who can say, "We must do this and this, have a good breakfast and get father off. The next thing to do is so and so." In other words, the good manager will lay out a plan, and proceed in an orderly way to carry it out.

There is one type of person that does this better than any other. The type that does it the best is the lazy type. The type that does not do it so well is the motor type. The motor type person when she gets into action says, "Let's go!" This type must do something immediately. The lazy person does not like to work, or to do too many things, so he stands back and looks at the situation to see what is the easiest way to get things running. The lazy man is the inventor, the planner. The reason why there are not so many inventions in the kitchen is because the men are not in the kitchen, and women are not so lazy as men. The man figures how to [illegible] badly. If they do [illegible] badly enough to [illegible] they are pure lazy. The combination of laziness and ambition makes the inventor.

So with the manager. He does not like to do more than he has to and so he sits back and figures out how to do it in the easiest way. People who are of the [illegible] type have a hard time of it in planning because it [illegible] them not to be doing something. I have [illegible] frankly a lazy [illegible]. The [illegible] type will [illegible] content with. The manager will say, "Wait a minute, [illegible] Let's see what is the best way to do this." He [illegible] and look at the job [illegible] and perhaps then will find some [illegible] method never observed before.

[illegible]

Nursing in Plastic Surgery

MARION CRISSMAN, R.N.

[illegible] SURGERY deals with [illegible] of defects and mal-[illegible], with the restoration [illegible] and the improvement of [illegible]

[illegible] cases of plastic surgery [illegible] nursing care cannot be [illegible] any routine. The nurse [illegible] what the surgeon is [illegible] to accomplish. Results [illegible] very slow, and in these [illegible] building up of the general [illegible] the mental outlook, and [illegible] care of the patient present [illegible] problems as the operation [illegible]

Treatment on Admission

PATIENTS admitted to our hos-[illegible] with hemoglobin under 75 [illegible] are put under supervision. [illegible] is given to the diet. [illegible] treatments beginning at [illegible] and increasing one minute [illegible] up to fifteen minutes are [illegible]

[illegible], blood transfusions [illegible]. Blood clotting time [illegible] if this is over five [illegible] patient is given calcium [illegible] days. No opera-[illegible] until the surgeon is [illegible] condition of the [illegible]

[illegible] an important part [illegible] after the operation. [illegible] [illegible] [illegible] used to combat in-[illegible]

[illegible] to be treated is large, [illegible] be placed in a tub [illegible] F. While in [illegible] is removed [illegible] areas are gently cleansed with sterile cotton. The frequency and duration of this treatment are regulated by the condition of the patient. The usual order for cleansing purposes is fifteen minutes, twice a day, but frequently the patient is allowed to remain in the tub for several hours at a time.

Sterile linen is used on the bed. Constant heat at a temperature of 98 degrees is applied by means of a cradle made of non-inflammable fibre equipped with electric light bulbs. This also prevents the sagging of the bed clothes. The heat is checked by means of a thermometer hanging on the cradle; if too hot, the necessary bulbs are turned off and vice versa.

If the area is restricted to an extremity, the local continuous tub may be used. Compresses saturated with Dakin's solution, hexylresorcinol S.T. 37, normal salt solution, boric solution, and antiseptics in varying strengths, are frequently used on smaller areas.

Anesthesia

THE type of anesthetic used in plastic surgery depends upon the patient and the operation. Small deep grafts and minor operations are performed under a local anesthetic, adrenalin 6 to 10 drops to 1 ounce of novocain ½ per cent being used. Nitrous oxid and oxygen, colonic ether, or avertin, alone or in combinations, are given for more extensive operations. The two latter anesthetics are administered on the ward by the nurses under the doctor's orders. Colonic irrigations of tap water 1,000 cc. are always given following operations performed under ether given per rectum.

Skin Grafts

PLASTIC SURGERY [illegible]

[illegible]

All [illegible]

[illegible]

[illegible] from a comparatively small area it is possible to use them on extensive wounds.

[illegible]

[illegible] new surface [illegible]

[illegible]

original dressing is applied. If the [illegible] between the grafts pile up and prevent the spread of epithe- [illegible] gauze [illegible] is [illegible] As [illegible] wound [illegible] which [illegible] as [illegible] dressing [illegible]

The length of time the patient remains in bed depends upon the size and location of the area. The grafted area should be protected from pressure or injury for about three weeks, after which daily gentle massage with cocoa butter should be given, and continued until the grafted area is as freely movable as the normal skin.

[illegible] grafts are usually cut [illegible] the skin [illegible] which [illegible] These grafts [illegible]

[illegible]

---

[1] Davis, Plastic Surgery, p. [illegible]

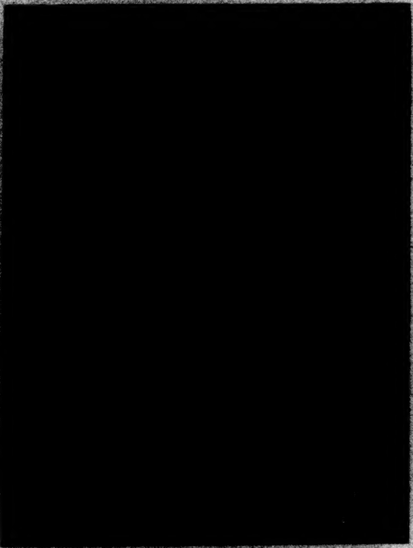
[2] Ibid., p. [illegible]

[illegible] wound, being delayed at [illegible]

[illegible] care depends upon the [illegible] body to which the graft [illegible].

[illegible] thickness graft (Wolfe-[illegible]) is used in situations where [illegible] deal of trauma and [illegible] the elbow, palm of the [illegible] heel. These grafts are [illegible] from the tissues where [illegible] laxity to permit the [illegible] to be sutured, for [illegible] upper arm and the thigh. [illegible] of the area to be [illegible] be considered in choosing [illegible] it.

[illegible] thickness graft, which in-[illegible] epidermis and the full [illegible] the corium is marked out [illegible] under aseptic technic. [illegible] which the graft is taken [illegible] sutured, and a dressing of silver foil and xeroform gauze applied. The area to be grafted is prepared and the graft is immediately sutured into place. A dressing of silver foil and xeroform gauze is applied, a pressure bag placed over this and held snugly by a bandage and adhesive plaster. The amount of pressure in the bag depends upon the type of graft, [illegible] mm. of mercury pressure ordinarily being used. A sterile sea sponge, over the silver foil and the xeroform gauze, [illegible] under even pressure is also an [illegible] dressing for whole thickness [illegible]. The first dressing is usually [illegible] after about a week or ten days, [illegible] if contamination has occurred.

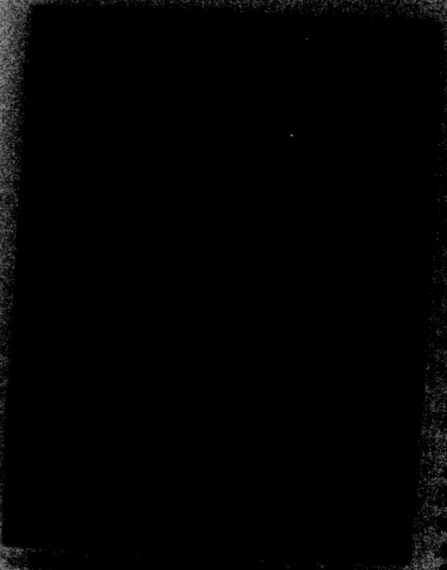


[illegible]—Two days after the application of small deep grafts to a defect made by excising a chronic ulcer

[illegible]

The nursing care is that given to any [illegible] patient. Dressings are performed by the surgeon. If the graft is on an extremity, the part is kept elevated on pillows.

After several weeks, massage of the



[illegible] grafted area and surrounding [illegible] may be started. This is continued until the area is as freely movable as the tissue surrounding it.

The [illegible] operation is divided into several stages. [illegible] patient, as immobilization and the forced position of the part, as the in-

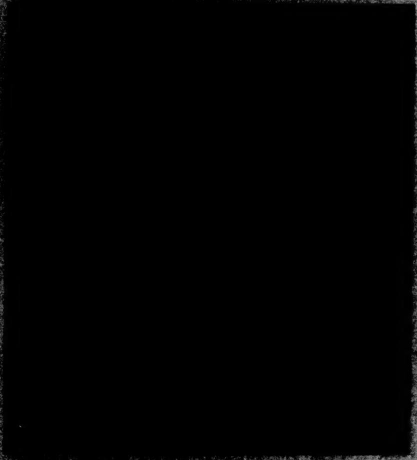
[illegible] the arm to the face, may be very tiresome.

In such a case, in the delayed transfer type, the flap is raised from its bed but is left attached at each end. The [illegible] beneath the flap is closed and a [illegible] is placed between the flap and the skin. The blood supply is established in the flap [illegible] usually [illegible]. Sterile [illegible] at [illegible] are applied constantly [illegible] and are continued until the flap shows that good circulation is established. During this period the patient may assume the status of an ambulatory patient. When the blood supply has been fully established, [illegible], the area to be grafted is prepared, and the [illegible] end of the flap is detached. The [illegible] so that no tension will be put on the flap. A plaster cast may be applied, or the [illegible] may be [illegible]

[illegible] may mean the loss of the [illegible].

[illegible] must be watched carefully so that the patient will have as little [illegible] as possible. Diet is increased [illegible] may be desired, but in [illegible] the face, care must be [illegible] foods requiring much [illegible]. The mouth and eyes [illegible] cleansed.

[illegible] should be established [illegible] and the flap before [illegible] is divided, usually twelve [illegible] days. The amputation is [illegible] in stages to avoid [illegible] the circulation at one time. After the pedicle has been severed it is [illegible] to its proper place, [illegible] of the pedicle is re[illegible] bed.



[illegible] bilateral hare-[illegible]

[illegible] of Subjective Symptoms

[illegible] of plastic surgery it is [illegible] for the nurse to be [illegible] the patient in making her [illegible] to the surgeon. It is particularly important that she pay attention to any complaint of pain in the operative region; in cases of skin and tissue transfer this means the area from which the graft is taken, pressure of the dressings, and uncomfortable or too tight bandages. The immediate relief may mean the saving of the graft and preventing the spread of infection, as well as giving mental and physical relief to the patient.

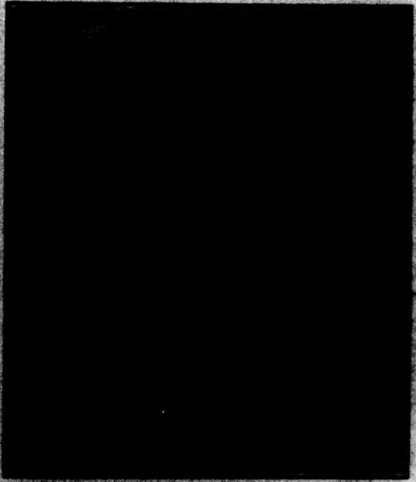


FIGURE V.—Same patient ten days after operation. Note the fresh scar and the stitch marks, which can still be seen

Harelip and Cleft Palate

THE nursing care in cases of harelip and cleft palate is extremely important. The age for operation is usually governed by the physical condition of the patient, preferably within six weeks for harelips and eighteen months for cleft palates. Routine preoperative care begins several days before operation, after the routine tests of urine, clotting time, and hemoglobin have been found satisfactory. Sodium bicarbonate every four hours and orange juice with sugar twice a day are given as precautions against possible acidosis. Argyrol 10 per cent, drops 2, is put in each nostril three

[illegible]

Removal of sutures is begun on the fifth or sixth day and completed on the tenth day, after which time the patient is put on soft diet, and may be discharged.

Postoperative care for cleft palate consists of:

1. Sodium bicarbonate [illegible] Glucose [illegible]

[illegible]

After the sutures are removed [illegible] patient is put on very soft diet, and may be discharged.

[illegible]

The Speaker, the Audience, and the Program

MARY E. GLADWIN, R.N.

T[illegible] the speaker guest at a [illegible] is a delightful and [illegible] experience. The guest is [illegible] best room procurable; [illegible] are showered upon her [illegible] driven to the places of [illegible] brighten her room; [illegible] and appreciative things [illegible] her efforts; and she too [illegible] the adverse criticisms. [illegible] with a warm feeling of [illegible] the nurses before whom [illegible] and an abiding in- [illegible] nursing organizations of [illegible] locality. On the home- [illegible] she finds time to ask [illegible] she could not have [illegible] service to the group to [illegible], and then she begins to [illegible] such circumstances [illegible] she had no control con- [illegible] her from doing her [illegible] with pleasure [illegible] the earnest faces into [illegible]

[illegible] and conscientious [illegible] unfortunately, in- [illegible] external things. Her [illegible] largely upon the atti- [illegible] and her own [illegible] attitude when [illegible] any influence of [illegible] that a small un- [illegible] may easily de- [illegible] of the assembly and [illegible] which she [illegible]. One [illegible] [illegible] and much [illegible] at [illegible] but, [illegible], its [illegible] and pre- [illegible] many of [illegible] told [illegible] guest is temperamental and that her work is therefore uneven. The nurse who speaks without notes may be always so classified. On the other hand, it is that delicate appreciation of the feeling and attitude of her hearers which gives her the power to move and influence them.

The simplest things may decide the success of a meeting, and the outcome may be decided before a word has been spoken. The guest takes it for granted that the nurses want to hear her; otherwise she would not have been invited. She also believes that she has something to give which is worth while. Suppose that her talk is scheduled to take place immediately after the opening of the afternoon session. An anxious chairman has previously announced that the meeting will begin promptly on time, and she thinks it wise to appear on the platform early. Few speakers can afford to miss the opportunity of looking quietly into the faces of those they are about to address. If the inexperienced nurse, just learning to do without notes, forgets all about her speech for those few minutes and, instead, looks from one to another of the nurses before her, remembering who they are and the work they are doing, she is usually strengthened and comforted for the ordeal before her.

A little uneasiness and anxiety which is overcome as the talk goes on enhances the power of her appeal. When a speaker is free from nervousness and is entirely self-possessed, she is in immediate danger of losing her effectiveness. The effort to overcome her fright contributes to the mastery of her thought and words.

It often happens that those on the platform watch the seats in the back and middle of the house being quickly filled, while those in front remain vacant. That constitutes a [illegible] pleading for a successful program and, [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] to the [illegible]. The audience is [illegible] and [illegible] [illegible].

"Why, there is Miss A. I haven't seen her for [illegible]."

"Who is [illegible] Miss B. [illegible]"

[illegible]

"[illegible] and it makes her look older than [illegible]."

The speaker [illegible] all these comments, and many others, [illegible] the [illegible]. [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] barrier between the speaker and her listeners.

To all speakers, but especially to the comparatively inexperienced one who is doing her best to discontinue [illegible] what she has to say, empty front seats are a terrible handicap. Often, she is not able to look beyond [illegible] project her voice beyond the void of those [illegible] rows of empty chairs. One who is used to speaking likes to get as near to her audience as possible. The physical proximity is symbolical of the mental and spiritual intimacy which she hopes to achieve. [illegible] the platform and the [illegible] belonging to her [illegible] delicate, [illegible]-like [illegible] of understanding and ideals which are easily broken by [illegible].

One of the burdens under which falls to our lot as [illegible] and speakers [illegible] knowledge is to learn how to concentrate on the matter at hand. Every speaker knows how easily the thread of her discourse may be broken and how the point to which she is directing her argument may be missed. She may be talking well, with the eyes of all those in the assembly apparently directed upon her. Suddenly, their attention is diverted by something going on behind her back. She becomes aware that two of the officers in the [illegible] on the platform are [illegible] their [illegible] being moved. [illegible] has [illegible] whether she ought to stop [illegible] [illegible] much [illegible] is [illegible] may [illegible] is [illegible] for [illegible] of [illegible] she [illegible] the whisper, "She didn't [illegible] as usual. What do you [illegible] the matter with her?" [illegible] the reason, but it seems [illegible] put it into words.

[illegible] be two persons to a [illegible] sort of a contest, or any [illegible] which is shared and, like- [illegible] successful address there [illegible] prepared, earnest speaker, [illegible] not be eloquent but who [illegible] honest, and the composite [illegible] of a sympathetic and ap- [illegible] audience. Within the first [illegible], the lecturer should be [illegible] approval and to overcome [illegible] in the minds of the listen- [illegible] this harmony has been es- [illegible] physical conditions may [illegible] spoil it; uncomfortable chairs, [illegible] noise, and confusion are [illegible] things to be noted and [illegible] next time. To put on a [illegible] effectively, one admits that at- [illegible] be given to many small [illegible] may spoil the success of [illegible], and the same thing is [illegible] public performance.

[illegible] are apt to be inordi- [illegible]. There may be several [illegible] followed by a pleas- [illegible] by a local humor- [illegible] of much business, [illegible] addresses, before [illegible] is announced. [illegible] an occasion [illegible] the readings took [illegible] overcrowded pro- [illegible] contributed vol- [illegible] they spent [illegible] in preparation [illegible] which was [illegible]. On the other [illegible] had come from a [illegible] was being paid for [illegible] had been asked to [illegible] educational [illegible] study and application [illegible] had much experience. At the end of twenty-five minutes, the chairman whispered that the time was up, but that she might have three more minutes in which to conclude her remarks. She, at the suggestion of the program committee, was prepared to talk for an hour, but she could easily have arrived at a logical and understandable ending in forty-five minutes. As it was, the subject was left suspended in mid-air like the unfinished end of a bridge.

A nurse was invited to speak on nursing education at a state meeting of the Federation of Women's Clubs. She was told that, as the program was a long one, each speaker would be allowed twenty minutes. She was anxious to do well because the state contemplated legislative action in regard to the registration of nurses. The first three speakers were men and altogether they spoke for two hours and fifteen minutes. When the nurse stepped forward, the chairman whispered, "The other speakers used up so much time that we can give you only five minutes." Watch in hand, she talked exactly five minutes and as she turned to go the chairman took her by the arm, exclaiming, "I didn't know nursing was so interesting. You may have another five minutes." The nurse, appreciating the kindness behind the offer and the responsibility of the chairman, talked another five minutes, although realizing the danger of an anticlimax. It is doubtful, however, whether she did her cause any good by so doing.

An audience is the gainer when the speaker, well grounded in her subject and with plenty of material in reserve, decides upon the general tenor of her remarks, and is thereafter guided by the attention and interest expressed on the faces of those before her. Professor Palmer, of Harvard, tells us how horrified he was, in the early days of his meetings, to discover that he [illegible] with Alice Freeman Palmer, seemed to be making no special preparation for an important speaking engagement. He followed her, for the first and last time, to make a careful outline and to jot down the principal phrases of the subject. At the end of the meeting, one of his friends said, "What was the matter with Mrs. Palmer today? Isn't she well?" It is evident that each one of us must work out the method best suited to her particular gifts, but we should be sure that it is not simply timidity which stands in the way of what we would like to do.

The Audience

IN planning a program, local or special conditions often need to be considered. Something like this may happen. The program is long and the chief speaker is not called upon until eleven-thirty, or until [illegible] the afternoon. Everybody is tired. The air is none too good. And, after she is started on the "Preparation of the Superintendent for Her Work," the superintendents and head nurses of the local hospitals, having had their afternoon on the previous day in order to do some necessary work, begin to leave to get back on duty. In addition, certain other hospital people drop out in order to catch the only evening train to a nearby city, a train which leaves at ten minutes to five. The [illegible] department is [illegible] of [illegible] who [illegible] thought of [illegible]. The speaker [illegible] but [illegible] has finished [illegible].

We do sometimes [illegible] by the length, but an audience can seldom give close and profitable attention for more than forty-five minutes. The maximum time assigned to any speaker should be one hour and often it would be wiser to make it much shorter. The only exception made should be when a fascinating story is to be told or when stirring and exciting events are to be narrated.

We have not yet realized the full value of free discussion or the part it plays in sending home an audience happy and satisfied. Everything which has to do with our educational methods or the ultimate details of our work should be presented from more than one viewpoint. Valuable plans and suggestions are often lost because the hearer does not know how to adapt them to her own work. A little discussion or the answers to a few questions would make the way clear or show her that the plan was not adaptable to her particular needs.

The best speech isn't the most finished and eloquent one; it is the one which arouses thought and creates questions or dissent. The smooth, gentle flowing of a river over an even bed is productive of little power, but let that same volume of water surmount great obstacles, or fall over high precipices, and its power is intensified almost indefinitely. The helpful things are those for which we struggle and which are not attained too easily. The speaker may come with all her [illegible] but if [illegible] woman, [illegible] them [illegible] to [illegible] their [illegible] that, [illegible] it is [illegible] is a [illegible] or [illegible] and [illegible] find time for sound dis[illegible] audience needs a little [illegible] it is helpful to suggest a [illegible] objection or criticism [illegible] and to appoint time for [illegible] the next day. The member [illegible] audience who is able and [illegible] to a speaker, "I do not [illegible] you at all" and to give a [illegible] halting, for her statement [illegible] public benefactor. There [illegible] of growth in continual [illegible] There must be sharp [illegible] differences of opinion in [illegible] program.

[illegible] from a distance do not [illegible] local needs and they are [illegible] forgetting that there are [illegible] for all our troubles. Few [illegible] situations without ad[illegible] The discussion is of great value [illegible] speaker guest as well as to the [illegible] of the association.

Program—Length, Coördination, Content

I [illegible] back to the consideration [illegible] length of the program. [illegible] who go to conventions are [illegible] but they are eager to [illegible] which will help them [illegible] of their work. [illegible] shown in the willing[illegible] they use vacation [illegible] of various meet[illegible] to me that no other [illegible] gives so freely of its [illegible] and efforts for the sake [illegible] Intensive attention [illegible] cannot be kept [illegible] hours. The [illegible] a program which [illegible] to the morn[illegible] with two ad[illegible] filled full with [illegible] evening banquet [illegible] program which [illegible] All the papers [illegible] throughout that long day were unusually good ones, prepared with the utmost care. It happened that one of the nurses was intensely interested in the subject of the first morning paper which contained material applicable to her own work. When her day ended at eleven o'clock, she said, "I feel as though I had been snatched from one emergency to another all day. The fire of my early morning enthusiasm has died out and I never can light it again. Then, you know, there is another long program tomorrow." Days spent in that fashion afford little opportunity for educational growth. They resemble more nearly a mental debauch.

Our program committees have rather a thankless task. They work hard to find suitable subjects and still harder to discover those who are willing to present them. They deserve our gratitude and should have much more help and appreciation than is usually given them. Days and programs such as those described in the last paragraph are the result of a bad old system which should be changed. They belong to that obsolete conception of education as the process of pouring knowledge into human beings as into jugs.

Year by year the topics are better correlated. Occasionally, we have a whole session given over to various phases of one topic so that we have, at the end, a feeling of having done a beautiful, finished piece of work, without many kangaroo jumps from one field of thought to another. One thing done well is better than a thousand skimmed over and superficially regarded. Some one phase of nursing education carried by a district through all the meetings of a year is a most satisfactory arrangement. A small standing committee, whose function it is to keep in touch with the new things in medicine and surgery

[illegible]

of the sociological problems of the day it would be very helpful educationally. There is for example, that serious and disturbing question of the unemployment of millions of men. It isn't a simple question of a misunderstanding between employer and employee, and it isn't a new or an isolated phenomenon, or a question of today to be settled now for all time. It is apparently the tragic price we pay for progress. Its historical background is worth knowing and the story of the troubles incident to the introduction of machinery into the English mills, in the early part of the last century, furnishes a key to its understanding. The unemployment problem is one of the gravest of our day and it is pertinent to ask whether the unemployment among nurses has any relation to it.

We are apt to regard our own difficulties as things apart from the world around us and it is a humbling attitude. For example, we fight shy of any discussion of the differences between capital and labor, but we are not able to get away from their influence here. We might very profitably join a labor forum, discuss this [illegible] problem and then invite a [illegible] to talk on the other side. The discussion would [illegible] in [illegible]

[illegible], and because of what [illegible] of the Third International and its probable work in case of [illegible] war, a review of the book would be a good number for one of our programs.

It is helpful and pleasant to go back to some of the old books, such as the biographies of famous teachers. The "Life of Alice Freeman Palmer," by her distinguished husband, is charming and has in it much helpful material for all of us. The "Life of Maria [illegible]" is illuminating. A study of the Civil War Sanitary Commission and the subsequent public efforts of some of the women on that commission affords a splendid background for our interest in relief or Red Cross work.

We might well find time for a frank inquiry into the divorce evil, not from a religious viewpoint, but in its relations to society and family life. We all know that we cannot build safely for the future without careful provision for the welfare of the children. We may well ask what effect has divorce on the children. A social worker and a thoughtful public health nurse who has been on her job eight or ten years ought to be able to help [illegible] in this connection, somebody from a domestic relations court would [illegible].

[illegible] women there is needed [illegible] and free discussion of [illegible]. What may be [illegible] of marriage and [illegible] in that or [illegible]? In all her [illegible] probably does [illegible] in [illegible] marriage [illegible] as a [illegible] a sacrament. The [illegible] or [illegible] a matter of [illegible], wholly omitting [illegible] the beautiful spiritual and mental experiences incidental to a true marriage. The mutual respect and helpfulness, the companionship, and fatherhood and motherhood, nobly realised as a means of continuing and strengthening the race of mankind, deserve thought and understanding on our part.

"The changes which are imminent" concern every one of us. Years ago, we used to hear Lavinia L. Dock speak courageously in behalf of woman suffrage when she had hardly one sympathiser in her audience. Everybody who heard her respected her honesty and her fearless expression of her convictions. For a long time we were afraid of being embroiled in partisan politics and we declared that a nursing meeting was no place for the discussion of a subject of that type. How short-sighted and bigoted we were. We understand now that any problem which has to do with the advancement and happiness of mankind is our problem. We know that any teaching which makes us more reasonable women and better citizens is a step forward in our development as nurses. As ever, we hope to avoid partisan politics, religious disputes and acrimony of any description, all of which furnishes a good reason for desiring to hear people of opposing beliefs explain to us the faith which actuates them. One of the most encouraging signs of the times is to behold the spectacle of a Jewish rabbi, a Catholic priest, and a Protestant clergyman coming together for the discussion of common interests, and finding it possible to work together amicably, tolerantly, and even affectionately, for the good of their fellowmen.

On every side of us is heard a cry for leadership. We ask for somebody to make our plans and decisions, to [illegible] the way, and to [illegible] our [illegible]. This concept of leadership [illegible] back to the old [illegible] is not suited to modern [illegible]. The new leader is the one [illegible] us to greater effort and [illegible], not the one who [illegible] us and [illegible] us to follow the old ways. The good leader sees to it that we walk with her, and [illegible] we may eventually pass her on the way. Our gifts are varied, but each one of us has something to contribute to the growth and leadership of our organization.

We conceive of leadership, adequate for the future, as a collective or [illegible]. There will always be [illegible] and [illegible], but more and more they must become representatives of the thought, will, and purpose of the majority of the members. The valuable plans are the ones which lead us to make better [illegible]. The [illegible] is most eloquent which awakens our ambitions, not for honors and political power, but for growth, for effective work, for that mental and spiritual leadership which enables us to contribute something valuable to the organization or society of which we are a part.

Psychiatric Education

THE two papers which follow were given at the First International Congress on Mental Hygiene in discussion of the paper on "Psychiatric Education," by Dr. Edward A. Strecker, Professor of Nervous and Mental Diseases, Jefferson Medical College, Philadelphia.

Dr. Strecker [illegible] psychiatric education of nurses, he says:

To a very considerable and serious extent, general nursing and [illegible] training are [illegible] in their [illegible] of the psychiatric point of view. This seems especially true of nursing. In the nursing [illegible], the nurse [illegible] psychiatry. [illegible]

[illegible]

[illegible] who wishes to become a [illegible] a longer period of preparation [illegible]. This preparation should [illegible] from that given to the [illegible] in psychiatry, although, [illegible] differ in degree and will be [illegible] much less detailed. For [illegible] to the more particular [illegible] technical aspects of psychiatry, there should be a nursing apprenticeship under a psychiatric specialist, in the child-guidance clinic, in the industries, and in other fields. There has not been much utilization of nursing potentialities in these directions.

The two papers given here offer valuable suggestions in regard to this very real problem.

Part I[1]

CLARENCE B. FARRAR, M.D.

IN Dr. Strecker's paper he has kept so close to the current facts of a very rich experience that there is little with which one may quarrel, much with which one must cordially agree. He has raised one of the vital questions of instruction in which there is [illegible] not only for more [illegible] for more practical, useful [illegible] teaching.

I am today particularly interested in [illegible] of nursing education, [illegible] the few moments allotted [illegible] should like to confine [illegible] that side of the question [illegible] I do so by suggesting [illegible] of view: First, existing [illegible], possible suggestions [illegible] improve these conditions [illegible] the results and consequences [illegible] might look for.

[illegible] with the psychiatric [illegible] an integral part of the [illegible] we come perhaps as [illegible] ideal methods of [illegible] in the rotation of [illegible] and surgical nursing [illegible]. Then [illegible] brought into its [illegible] with the other departments [illegible], neither [illegible] understood, but properly related and correlated. Unfortunately, there are still few general hospitals that have such a department, or that even have psychiatric wards. We are, therefore, for the present compelled to fall back upon the mental institution for a great part of the teaching which may be given in this branch. What is the result? We have two kinds of teaching, two kinds of nurses, if you please. We have the general nurse and the mental nurse, and often enough each kind hasn't very much use for the other. Why should that anomaly be? It is an echo of the traditional gap between psychiatry and the other branches of medicine. The standards of teaching in the two groups are necessarily quite different. The hospital standards altogether are often quite different, and yet it is through such affiliation only that by and large the general nurse can acquire some experience in psychiatric practice.

The psychiatric nurse differs in at least two important respects from, let us say, the surgical nurse. First, in the degree of authority which she must assume. All nurses must assume authority; they must control their patients, guide and restrain them as it may be necessary, but in a very particular way the psychiatric nurse must exercise authority to

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[1] [illegible] by Dr. Edward A. [illegible] Congress on [illegible]

[illegible] was particularly [illegible] the psychiatric nurse [illegible] actual treatment of the patient. We have learned in various papers of the importance of the psychotherapeutic element in psychiatry, an importance which is coming to be more and more recognized and evaluated. [illegible] doctor in his few moments, or his hour, or half an hour of contact with the patient, [illegible]

[illegible] of general hospitals of [illegible] that [illegible] these [illegible] last year, was 744. So that there would be need to provide for psychiatric affiliation for 744 nurses. Over against these figures I selected seven of the government hospitals which [illegible] to this type of instruction. The aggregate number of [illegible] in these seven provincial hospitals last year was [illegible], and that number should be considerably increased because there are still all too many attendants, who should be replaced by nurses. Conservatively we would say that [illegible] there should be 600 nurses in these seven hospitals. There are 744 nurses to be provided for. If you divide these by four, giving three months' training to each, then there are only 186 nurses to be given psychiatric instruction, so that we could provide for all the needs in the Province of Ontario [illegible] if we were to [illegible]. This sort of affiliation [illegible] to be [illegible]

[illegible]

[illegible] for development of ad[illegible] nurses, and that [illegible] about which I should [illegible] if time permitted. [illegible] of attendant class in [illegible] and replacement by [illegible] should be accomplished [illegible]. I believe there should be [illegible] except in the category of orderlies or occupational assistants. Sixth, the removal of the invidious distinctions between somatic and psychic disorders that still persist. Seventh, bringing psychiatric teaching and practice more intimately into the family of medical sciences in deed as well as word to the advantage of all concerned.

Part II[2]

MARY CHADWICK, S.R.N.

As a representative of the British [illegible] Nursing Service, I wish to express my deep gratitude to Dr. [illegible] for what he has said about the [illegible] question of giving an [illegible] training to the nurse, to fit [illegible] responsible work she has to [illegible].

[illegible] to be of the utmost importance to pay attention to this subject [illegible] reasons:

The nurse, whether working in a general or psychiatric hospital, engaged in private practice, as a visiting or [illegible], or any other branch of nursing service, is an integral part of [illegible] of the patient.

[illegible] the psychiatric [illegible] maybe, the [illegible] daily, or at [illegible] the nurse is there [illegible] practice, [illegible]

We may say, therefore, that she is prescribed as a special form of treatment, which is actually carried out by her presence, through her personality, and her attitude to the condition of the patient. This also makes a high demand upon the psychological make-up of the nurse for reasons which I should like to describe in as much detail as is compatible with the brevity the ten minutes allotted for this contribution demands.

The first reason I should like to bring forward for giving really adequate psychological training to the nurse, is for her own help, which I consider just as necessary as that which allows her to regard her patients with wider understanding, even if not more.

When she first enters her training school, often as a girl just from home, she meets a seamy side of life which may be new to her, and the symptoms of her patients are likely to disturb her own psychology, leading to shock, which often passes on to a greater or less degree of nervous disturbance. She requires help, therefore, to understand her own reactions to hospital life, to authorities, nursing and medical staff, and to her patients, and theirs of her patients to herself. Endless difficulties, which arise within the scope of interhospital relationships, will

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[2] [illegible] Congress on [illegible]

[illegible]

4. Finally by means of her daily [illegible] study of herself and her patients.

Another most important matter to [illegible] in the choice of [illegible] for the work, and those who have the responsibility of [illegible] should be [illegible] knowledge, which will give them some clue, [illegible] as to what are the motives for their wishing to adopt this profession, as well as to their fitness for the work.

Suggested Reading on the Nursing of Nervous and Mental Diseases

[illegible] *Mental Nursing.* [illegible]

[illegible] *Psychology of Insanity.* [illegible]

[illegible] *Nervous and Mental Diseases for Nurses.* (Saunders) W. B. Saunders Company, Philadelphia, [illegible]

[illegible] *Psychology for* [illegible]

[illegible] *Nursing Nervous Diseases.* [illegible] Allen and Unwin.

Mental Nursing

N[illegible]

[illegible] Plan on "Fire Prevention and Fire Protection in the Hospital from the Standpoint of the Nurse"

MYRTLE HOLLO, R.N.

I. *Problem:*

How to prevent and meet the emergency of fire in the hospital and the nurses' home.

II. *Class:*

[illegible] students in the school of nursing.

III. *Time:*

During National Fire Prevention Week (October), if possible.

IV. *Aims:*

1. To give the students an appreciation of the [illegible] extent of human and [illegible] waste due to fire disasters, in order that they may feel their obligation in helping with the campaign [illegible].
2. To [illegible] students with the chief fire hazards in order that they may [illegible] know how to prevent the [illegible].
3. To help nurses to understand and to [illegible] the principles underlying [illegible] features of the whole fire prevention program with special emphasis on the hospital program.
4. To teach the program of fire prevention and protection in this particular [illegible].

V. *Brief Outline of the Lesson:*

A. "National Fire Prevention Week,"—[illegible] purpose, special significance [illegible]

B. [illegible]

C. [illegible] underlying the [illegible] control of fire.

D. [illegible] of organized systems of [illegible]

E. [illegible] hospital fires.

[illegible]

[illegible] safety measures.

[illegible] and devices.

[illegible]

[illegible] in case of fire in [illegible]

[illegible] patients from a [illegible] building.

[illegible]

H. Common fire hazards.
  1. In the hospital.
  2. In the nurses' home.

I. Summary.

J. Assignment.

VI. *Illustrative Material:*

A. Statistical charts.
  1. Showing fire loss per capita in the United States and European nations.
  2. Showing annual fire loss in the United States due to various causes.

B. Posters and pamphlets from the national agencies for fire prevention.

C. Various types of fire extinguishers, used in this particular hospital.

D. Pictures showing old and new methods of fire fighting, hospital fires, firemen at work, methods of lifting and moving patients in a burning building, etc.

E. A reflectoscope.

F. Blackboard.

G. Equipment needed.
  1. Bed, wheel chair, stretcher, litter-blankets, Chase doll.

H. Procedure sheets.

VII. *References for the Teacher:*

A. *Fire Prevention and Protection as Applied to Hospitals*, National Board of Fire Underwriters, 85 John Street, New York, 1928.

B. *Fire Protection for Hospitals, Asylums and Similar Institutions*, H. W. Forster, National Fire Protection Association, 60 Batterymarch Street, Boston, Mass. Reprint from *N. F. P. A. Quarterly*, April, 1920.

C. *Safeguarding the Home against Fire*, prepared with the assistance of The United States Bureau of Education by The National Board of Fire Underwriters, 85 John Street, New York.

D. *Fire Exit Drill and Alarm Systems*, National Fire Protection Association, 60 Batterymarch Street, Boston, Mass.

E. Fire Prevention Bulletin, No. 18. *Fire Prevention in Public Institutions*, Insurance Department, Chamber of Commerce of the United States, Washington, D. C.

[illegible]

H. [illegible]

VIII. [illegible]

A. [illegible]

B. [illegible]

C. [illegible]

D. [illegible]

Business Meeting

IX

A. "National Fire Prevention Week" [illegible]

1. October [illegible] by President [illegible] National Fire Prevention Week.

2. [illegible]

a. [illegible]

(1) [illegible]

[illegible]

2. [illegible]

a. [illegible] National Board of Fire Underwriters, 85 John Street, New York City.

b. [illegible] National Board of Fire Underwriters, 85 John Street, New York City.

c. [illegible]

(a) [illegible]

(b) National [illegible] Council, [illegible]

(c) National Fire Protection Association, [illegible]

(d) National Board of Fire Underwriters, 85 John Street, New York City.

Minutes

A.

1. Teacher discusses fire prevention with special application to the work of the [illegible]

[illegible]

(2) Fire Loss per Capita in 1934:

United States........	$4.73
England..............	.72
France...............	.49
Germany..............	.28
Italy and Austria....	.25
Switzerland..........	.15
Holland..............	.11

(3) Over [illegible] deaths from fire occur yearly in the United States.

(a) Life loss from fire is greater than that from any accidental cause in this country except automobile accidents.

(b) Over 17,000 individuals permanently injured by fire yearly. Many are hospital patients.

(4) Statistics show that in America there is an average of one hospital fire every day of the year.

2. Special Significance of Fire Prevention Work to Nurses.

The business of the nurse is saving lives. Preventive health programs seek to reach the individual before an invasion of the disease. Nurses might well think of fire as a disease, 90% of which could be avoided. Fire threatens public health and safety constantly!

B. *Fire and Civilization:*

1. Primitive man and fire.
   - a. Fear of fire.
   - b. Primitive methods of striking fire.
     - (1) Rubbing two dry sticks.
     - (2) Striking two stones.
     - (3) Focusing rays of sun through glass.
       - (a) Forest fires now due to action of rays of sun on glass. Duties of forest rangers.
   - c. Fire worship.
   - d. Greek belief, fire was one of the four elements composing the universe.

C. *Scientific Principles Underlying Causes and Control of Fire:*

1. Fire is due to oxidation, a chemical change in which oxygen is combined with [illegible].
   - a. [illegible] discovery of oxygen 1774.
   - b. [illegible] French chemist, [illegible] that fire is [illegible]. Without oxygen there can be no burning.
2. [illegible] supplies the necessary [illegible].
   - a. [illegible] methods based on this fundamental principle. Always exclude oxygen to put out fire.

[illegible]

(a) Teacher shows statistical chart giving this information.

(b) How many patients in the hospital have you seen who are here because of fire disaster?

Lecture.

b. What methods were used by primitive man for obtaining fire?

d. How did the early Greeks regard fire?

1. Define oxidation.

2. Teacher writes this statement on board for future reference.

(1) [illegible]

b. [illegible]

2. [illegible]

a. [illegible]

(1) [illegible]

(a) [illegible]

(2) [illegible]

(a) [illegible]

b. Kindling temperature or kindling point is the degree of temperature at which any substance will "catch fire," i.e., [illegible]

(1) Combustion is rapid oxidation: [illegible]

(2) Slow oxidation is gradual combustion with oxygen: [illegible]

c. [illegible]

(1) [illegible]

(2) [illegible]

d. The [illegible] point. This is the [illegible] principle of the [illegible]

(1) [illegible]

Students [illegible] various ways of [illegible] fire by [illegible] oxygen [illegible] a tumbler over a flame, etc.

(a) How is this principle made use of in checking fire?

(a) What is the principle underlying the use of ether to start a car?

b. Distinguish between kindling temperature and combustion.

(2) [illegible]

d. [illegible]

(1) When one blows out a burning match, one's breath carries away the heat, reducing the temperature of the match stick below the kindling point.

(2) Directing a cold stream of water on a fire is an application of the same principle.

D. The Development of *Organized Systems of Fire Protection:*

1. Fire is a community problem as well as a matter of personal concern.

a. Volunteer and professional fire fighters.

2. Early New York City history records purchase of 250 leather buckets for fighting fire in 1658.

3. Benjamin Franklin an official of the first fire insurance company in America.

4. First electric fire alarm invented 1847 by Moses G. Farmer, a telegraph operator.

a. Technic for turning in an alarm from the street:

Open red alarm box.
Pull down lever, let fly back.
Wait at the box *for the firemen to* appear.

5. Use of horse-drawn teams.

6. Use of motor engines and trained men.

a. Firemen are given course of formal instruction, examinations, and a period of probation before being accepted on the regular staff.

7. Educational programs are being conducted to bring about the following:

a. Complete inspection by the fire department.

b. More general use of fire-resisting roof coverings, protected windows and door openings, and automatic sprinklers.

c. Adequate means of convicting incendiaries.

d. Suitable ordinances governing the storage and use of explosives and combustibles.

e. Intelligent use of fire alarms and first-aid extinguishing devices.

E. *Prevention of Hospital Fires:*

1. Hospital construction.

a. Materials.

(1) Laboratories of the National Fire Underwriters scientifically test all materials.

(2) Roof and floor construction should be of noncombustible material which will resist fire of 1700 degrees F. for four hours—concrete or concrete and gypsum tile.

(2) How does the fireman apply this principle?

Report by student:
"National Agencies for Fire Protection."
Writes name and address of four on board.

a. Locate the fire alarm boxes within a radius of five blocks of this hospital. How would you turn in an alarm from the street? Teacher refers to the picture showing parts of alarm box.

7. What are the essentials of a good community fire-prevention program?

b. Basic principles of fire-proofing:
  (1) Isolation.
  (2) Division.
  (3) Separation.
  (4) Confining fire to its place of origin.
  (5) Protection of things beyond the immediate fire area.

c. Construction safety measures:
  (1) Standard enclosed stairways and elevator shafts to cut off each floor.
  (2) Adequate fire stopping at all stud partitions and furring at all floor and ceiling lines.
  (3) Automatic sprinkler systems properly distributed in the building if more than two stories high.
  (4) Fire walls with standard fire doors to cut off large horizontal floor areas.
  (5) Ventilation of incombustible construction and arranged so that smoke cannot fill up the building.

2. Protective agents.
  a. Ample water supply provided in the vicinity of the building.
  b. Standpipes and hose.
  c. Fire extinguishers of various types: soda and acid; loaded stream or foam.
  d. Adequate ventilation of all places where combustible anesthetizing agents are stored to prevent by providing the lower limit of the explosive range of anesthetic gas-air mixtures.
  e. Electric motors used in rooms where combustible anesthetizing agents are used or stored should be of explosion-proof type.
  f. Use all possible measures for guarding against ignition of combustible anesthetizing agents through static sparks. Hence, tables for moving patients, anesthetizing apparatus, etc., should be properly grounded.
  g. Precautions should be taken against having fire of any sort, from open gas flames, smoking, cautery, etc.
  h. Vapor-proof lamp globes in anesthetizing and operating rooms.
  i. Fire-resistive vaults for x-ray films and volatile fluids.

c. What safety devices did you find were used in this hospital?

Teacher lists these on board as they are suggested by students and in each case the basic principle is named and explained.

e. Teacher shows fire extinguishers used in this institution, discussing chemical principles involved. The method of using each is stated but demonstration is planned for a definite time soon when the engineer will show the students how to operate each.

j. Organization of fire brigade among hospital attendants.

k. Fire alarm systems.

Every nurse in any hospital should learn exactly where the alarms are located and what the specific hospital regulations are in regard to fire as soon as it is possible to do so.

l. Fire drills.

(1) Fire prevention and protection are important features of Scout programs. One great difference between the procedure in a hospital and an ordinary institution is that in the hospital, nurses report to their stations in the event of fire, whereas in other buildings all inmates leave at once.

k. Report: "Safety Rules in Serious Fires."

F. *Rules and Regulations in Case of Fire in This Hospital:*

F. Teacher refers to typed sheets of printed regulations, copies of which are posted in this hospital in definite places. Teacher and student discuss each statement. (See assignment.)

Fire Regulations[1]

IN CASE OF FIRE

(1) Go immediately to red fire alarm box. (Fire alarm boxes in corridors on each floor.) Open door, pull hook to stop and release hook.

(2) Notify telephone switchboard operator of location of fire.

(3) Secure fire extinguisher, if the building is equipped with one, and operate same on fire. To do this, turn extinguisher bottom up and *play on fire*.

If there are no extinguishers, go to hose box, carry nozzle of hose to place of fire, turn on water at hose box connection *if the case is urgent*, and play water on the blaze.

Fire hose in main hospital is located on each stairway—in other buildings on each floor.

NURSES AND ORDERLIES

Nurses on duty shall report to their respective wards and patients and there remain till called.

They shall close all doors and windows, lower shades, turn on lights, and make ready all stretchers.

Should removal of patients become necessary, care shall be taken that all are accounted for.

Nurses, especially supervisors and charge Nurses, will inspire their patients by their own quiet behavior during a fire.

INTERNES

At the first alarm bell, residents and junior internes shall at once go to that part of the hospital where their service patients are located.

Senior internes shall report to floors having private and semi-private patients, not less than one to each floor.

They shall reassure patients by their poise and quiet demeanor and stand ready to assist in carrying out all regulations having to do with an alarm of fire.

ELEVATOR OPERATORS

At an alarm of fire operators will bring their cars to basement and there await orders of Chief Engineer. If the fire is not in the building where elevator is located, the car may

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[1] Fire Regulations of the Jewish Hospital, Brooklyn, N. Y.

[illegible]

[illegible]:

[illegible]

Recall:

Signal for recall at end of fire will be 2-2-2.

Fire positions will be held by all personnel until recall has been sounded.

G. *How to Remove Helpless Patients from a Burning Hospital Building:*

1. Demonstrating methods: [illegible]
   a. Bed to wheel chair.
   b. Bed to stretcher.
   c. Blanket drag.

G. If these procedures have been taught in a [illegible] helpless patients, [illegible] Review them and demonstrate at this point. In any event, [illegible] should be arranged for [illegible] so that the [illegible] may be certain of the [illegible] technic.

H. *Common Fire Hazards:*

1. In the hospital:
   a. Careless use and storage of X-ray films.
      Use of the nitrocellulose type rather than the acetate type, which is less hazardous.
   b. Anesthetics, [illegible]
   c. Defective installation of heating and ventilating equipment, including piping.
   d. Poor housekeeping, rubbish, oily rags.
      Spontaneous combustion from oily rags, etc.
   e. [illegible]
   f. Lack of protection against [illegible]
   g. Improper installation and use of gas appliances.
   h. Defective electrical installation and [illegible]
   i. Carelessness in the storage of [illegible] and chemicals [illegible]

Name all the hospital fire hazards you can think of.

Tabulate them on the board, discussing prevention in each case.

Report: Cleveland Clinic Fire.

[illegible] home:
a. [illegible] use of electric iron, hot plate [illegible] in kitchenette.
b. [illegible] and improper use of matches.
c. [illegible]
d. [illegible], etc., made of pyroxalin [illegible].
e. [illegible] left unscreened.
f. [illegible] use of candles.
g. [illegible] lighting, short circuits, etc.

How can nurses help prevent fire disaster in the nurses' home?

I. *[illegible] Contributing toward the Spread of Fire:*
1. [illegible] floor openings.
2. [illegible]
3. [illegible] areas.
4. [illegible]
5. [illegible] roof coverings.
6. [illegible] ventilators which permit [illegible].
7. [illegible] walls or walls of in[illegible].
8. [illegible] walls and partitions sheathed [illegible].
9. [illegible] or lack of foundation.

Name some of the hazards contributing to the spread of fire.

J. *[illegible] Contributing to Panic in Event of Fire:*
1. [illegible] number of exit doors.
2. [illegible] exits.
3. [illegible] to open shafts and otherwise [illegible].
4. [illegible] with panic [illegible].
5. [illegible] exit doors.
6. [illegible] which are not erected ac[illegible] standards.
7. [illegible] stairways with [illegible] landings.
8. [illegible] halls.
9. [illegible] stairways.
10. [illegible] and improperly spaced [illegible].
11. [illegible] exit doors.
12. [illegible] passageways.

What are some of the hazards contributing to panic in event of fire?

K. [illegible]
1. [illegible] United States is a very serious [illegible].
2. [illegible] on the average a fire disaster [illegible] of the day, somewhere in [illegible].
3. [illegible] occur, on the average, once [illegible] the year.
4. [illegible] should know:
a. [illegible] when a hospital fire breaks [illegible].
b. [illegible] in the hospital [illegible].
c. [illegible] a patient from [illegible] building.

Teacher spends about five minutes showing pictures of hospital fires, firemen in action, statistical reports, etc.

A lantern will add to the effectiveness of this part of the lesson.

[illegible]

d. How to escape from a smoke-filled room.

e. How to administer first aid to anyone burned or suffocating from smoke.

f. How to fight fire before it starts, by learning what causes fire and then removing these causes, so far as possible.

L. *Assignment:*

1. Attend demonstration given by engineer on the use of fire extinguishers and fire hose in the hospital and home. (Definite time stated.)
2. Attend next fire drill given in the hospital. (Teacher arranges special emergency drill if necessary.) Definite time stated.
3. Practice in classroom on various methods of lifting and removing patients until technic meets with approval of instructor.
4. Be on the alert to notice all the uses of fire in nursing treatments studied in the future, with the idea of protecting patients and preventing fire disasters.
5. New type examination on content of this lesson with emphasis on the points contained in the procedure sheets studied.

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American Journal of Nursing, December, [illegible], pp. [illegible]; March, [illegible], p. [illegible]; March, [illegible], p. [illegible]; April, [illegible].

Hourly Nursing[1]

From the Viewpoint of the Registry

LYDA W. ANDERSON, R.N.

IT may be assumed that we are all agreed that hourly nursing is a partial solution to the ever recurring problem of our past Biennials that of meeting the nursing needs of our large middle-class population. It is also the most promising gesture toward answering the questions involved in the economics of nursing; that is, the best distribution of nursing care, and we are agreed that it must be offered as an organized service. Apparently the questions we now want answered are: How and with what organization shall the hourly service be established? and Who shall give this service so as to best reach the largest number of patients?

Heretofore in our plans and policies effecting organized hourly nursing, we have gone along the line of least resistance. We have accommodated ourselves to the means at hand, by using the local visiting nurse association for the direction and distribution of the service. We have naturally accepted conclusions offered us by speakers at previous Biennials, and built on these conclusions; they were conclusions reached by those who were authorities on nursing affairs. I am thinking especially of a paper read at the last Biennial on "The Larger Problem of Community Nursing," and of the very interesting and authoritative report we heard at the International Conference of Nurses on the "Economics of Nursing." Quoting from the first mentioned article, there are several points necessary to consider in establishing this service:

> Hourly nursing, for example, can only be developed to full advantage when conducted by a well organized public health nursing group which can *furnish expert supervision and can take up the slack of the nurse's time* by using her in other fields of visiting nursing as occasion offers.

The conclusions, briefly stated, from the second-named paper are:

> 1. That the greater part of the total nursing care in the home will be done by visiting and hourly nurses.
> 2. That there are not enough nurses in the field at present to give this service to the patients who, we feel, need it.
> 3. That the service when well established will maintain itself.
> 4. That the service must be offered as an organized service.
> 5. That since visiting nursing is already organized as a community service, and since the difference between hourly and visiting nursing should surely not be one of quality, and probably not one of content, but merely of administrative detail, these two could be very well combined.

When we heard this summary of facts based on reliable statistics, and listened to the conclusions reached, we felt that we could with confidence enter upon the development of this particular service, *hourly nursing*.

There are evidently questions in the minds of many of us concerning the conclusion that hourly nursing service is best discharged and rendered most useful when absorbed by a visiting nurse association. The subject given me to offer to you for discussion suggests that organizations other than the visiting nurse associations might well concern themselves in the direction and distribution of hourly nursing.

The speaker preceding me has proved that at least one visiting nurse association can assure us that the

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[1] Read at the Biennial Convention of the three national nursing organizations, Milwaukee, Wis., June, 1930.

[illegible] experimental piece [illegible] when we [illegible] out of the beaten path. [illegible] are no reasons why a [illegible] be able to furnish [illegible] hourly nursing. It only [illegible] of determined effort and [illegible] some plan whereby [illegible] can be financially sup- [illegible] it has become estab- [illegible] self-supporting basis— [illegible] which need not be taken [illegible] when hourly nurs- [illegible] absorbed by an already [illegible] public health nursing organis- [illegible] The question that naturally [illegible] our minds with this state- [illegible] Why invite seemingly un- [illegible] difficulties when we have a [illegible] plan of organization at [illegible] question of promoting [illegible] as well as all other [illegible] services, should be [illegible] reference to the coun- [illegible] We must keep in [illegible] type and size of commu- [illegible] bound to prepare our- [illegible] this service independ- [illegible] specialized organization, [illegible] territory, so as to be [illegible] total nursing needs of [illegible]

[illegible] speculating as to the [illegible] disadvantages of the [illegible] this organized hourly [illegible] thinking of the ad- [illegible] service being carried [illegible] association, com- [illegible] the registry might [illegible] are we speculating [illegible] involved [illegible] It is a [illegible] bring about a [illegible] of this particular [illegible] therefore asked to [illegible] of hourly nurs- [illegible] of the regis- [illegible] system for [illegible] We say that hourly nursing is "visiting nursing by appointment." It may also be defined as "intermittent" or "fractional" private duty nursing. We may contend that the private duty nurse who has equipped herself specially for bedside nursing and to satisfy a very demanding private patient, may be more successful as an hourly nurse to the patient who pays hourly nursing rates and expects his individual wishes to be catered to, than a nurse who is part of a standardized, less flexible system.

We have it recorded that as soon as the Grading Committee had only peeped into the existing nursing conditions, the Director said:

> The most effective way of remedying the situation (*i.e.*, supply and demand of nursing service) might be to provide the nursing services needed through the establishment of central registries of a type not now known. These registries would be under the direction of a highly paid, professionally-minded nurse. They would be clearing houses for the use of nurses, doctors, public health workers, hospitals and patients; but they would be more than that. They would take all the nursing material available and classify it according to types of cases which each group of graduates could properly handle, always mindful of the community's needs. There would be a definite attempt, that is, to provide the doctor with the sort of co-worker he wants, to provide the patient with the nursing care he needs, and to place the nurse in the sort of position where she can do good work and be happy.

At this time the registries began to be conscious of the fact that while they had stated their aims and purposes to be "to provide nursing services for the community," they were really only registering private duty nurses. They were fulfilling a function as limited as that of creating a center which was merely a convenience whereby a particular nurse could be easily reached when the hospital or the physician or the patient in the home needed her, and where the nurse could register for cases. Becoming

[illegible] education program tapping [illegible] the eyes and ears of our potential [illegible]."

[illegible] I say again that the nursing [illegible] the responsibility of [illegible] nursing services [illegible] the public has an equal re[illegible] with the nursing profes[illegible] and promoting the [illegible] services. To meet this [illegible] the public must be in[illegible] apparent difficulty in [illegible] public mind is that it re[illegible]. "It is easier to [illegible]," and it is also [illegible] to educate where there [illegible] ideas than it is [illegible]. In the public mind, [illegible] means a 12-hour-a-day [illegible] $7, if the patient is in [illegible] care. We nurses have [illegible] last several years, been [illegible] in maintaining that the [illegible] the care of a graduate, [illegible] nurse continuously, and [illegible] no exception. We [illegible] this in order to establish [illegible] profession, and in order [illegible]. Any form of [illegible] service, any form of [illegible] taboo. After these [illegible] along a certain [illegible] definite policies [illegible], it is going [illegible], to make it at [illegible] something different. [illegible] is our big task. [illegible] our potential pa[illegible] our physicians, recognize [illegible] various types of nurs[illegible] and when the [illegible] nursing care will [illegible] and diag[illegible] medical treat[illegible] will in[illegible].

[illegible] proceed at once with a [illegible] plan of this kind, [illegible] any particular service from the viewpoint of any particular organization. The service would be considered altogether from the viewpoint of the patient, and if we are looking at it from the viewpoint of the patient, we will start now on the groundwork, centralize our resources, find out what are the needs, and work consistently to create this central agency which will direct all the services for all the sick. This presupposes a joint council on community nursing in control, with full representation of all the intra and extra-mural groups who would be responsible for the *preparation* of nursing services, for the *direction* of nursing services, and who would use the nursing services. They would be hospital representatives, schools of nursing representatives, members of the medical profession, and full representation from the extra-professional groups.

Might not then the deadlock in ou progress at present—the task of re-educating the public—become inconsequential? When it is understood that all nursing services for the sick, with no exception, are distributed from one center; and that the organization directing the service will, first of all, seek to know the sick one's needs, and then supply his individual needs; and that it is in the control of the patient himself, the doctor and the nurse, it would seem that the publicity would be in "satisfactory service rendered," and public enlightenment would be a natural growth with the service.

In these precious moments given me in which to discuss with you a subject that I find has led me into many entanglements, I have tried to say:

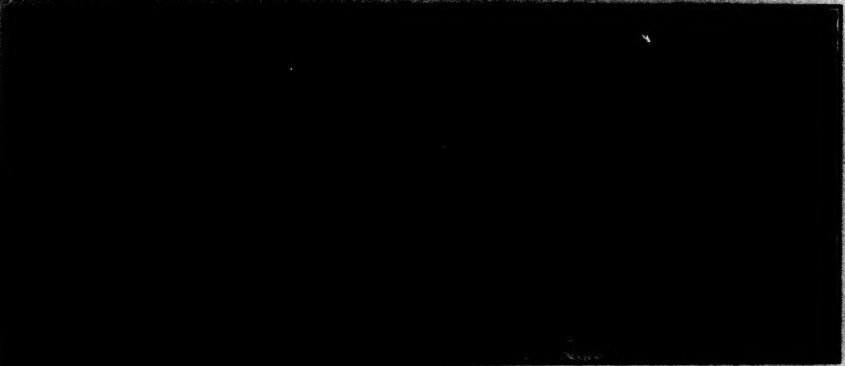
1. That the public will look to the nursing profession to prepare, to initiate and to supervise the necessary nursing for the community.

2. That the nursing profession will, at the same time, demand that the public take its

A First Graduating Class

At the American Women's Hospitals School in Greece

EMILIE WILLMS, R.N.



[illegible] Women's Hospital Training School for [illegible], Piraeus, Greece

[illegible] in center; on her right, Dr. Ruth Parmelee, Medical [illegible] Miss Willms standing back of the two doctors.

THE American Women's Hospitals Training School for Nurses was opened in Salonica, Greece, in January, 1922, and was reorganized in Kokkinia, Piraeus, in November, 1927. It held its first commencement exercises in May, 1929, graduating eight nurses at that time.

Dr. Parmelee started the training school in Salonica in 1922, at a time when the organization could not see its way clear to send over a fully qualified nurse for the work. Having herself [illegible] nursing as a career, [illegible] the medi- [illegible] in, and [illegible] the need for well [illegible] and to [illegible] all [illegible] was [illegible] missionaries in the Near and Far East, [illegible] and direct young women [illegible] simply step in a [illegible] fashion, until they see their way clear to send them to a recognized school. These women are seldom heard of, but we as a nursing profession have every reason to be grateful to them.

The three nurses who are to go to the United States commenced their course in her school at Salonica. Just what graduating, with the additional course ahead, and looking forward to the final goal of taking an integral part in raising nursing standards in Greece, means to these young women can only be appreciated when we try to realize that they are refugees who came from Asia Minor after the Smyrna catastrophe in 1922. Because of this disaster, the need for nurses was so great in Greece that they served for long periods among the refugees, in hospitals of this organization, thus interrupting their nursing course. The courage with which they finally reached their goal has brought forth many comments of admiration.

The training school follows the

[illegible] ones,

curriculum of the National League of Nursing Education and its [illegible] entrance requirement is a period of two years in the high school or "gymnasium," with the full course in either as the goal. Instruction to the students is given in Greek and in English. The students who do not know English or Greek must add a language course to their subjects.

Along with the theoretical and practical work in the surgical and medical departments, the students have pediatrics, obstetrics, gynecology, and [illegible] [illegible]. [illegible] [illegible] [illegible] [illegible] Some of the [illegible] [illegible] hundred babies [illegible] [illegible] of their course. In the public health department are included [illegible] [illegible] ing, prenatal, postnatal, child welfare clinics, ophthalmological and general clinics, and record-keeping.

[illegible] nursing staff in January, 1930, [illegible] of six qualified physicians [illegible] [illegible].

The hospital has [illegible] standing [illegible] [illegible] conditions, [illegible] a daily average of fifty-eight patients. [illegible] infre- [illegible] pre- [illegible] hundred [illegible] nursing. [illegible] [illegible] in [illegible] are [illegible] [illegible] in [illegible] 1932. [illegible] [illegible] but [illegible] [illegible]

[illegible] the morning; again filled with [illegible] suffering from trachoma [illegible] of eye disease during [illegible]. A bulletin reminds [illegible] that it is recreation night—[illegible] to get the cleaning [illegible] of work; such hunting for [illegible] after the place has been [illegible] a little fire in our [illegible] to dry out the dampness; [illegible] here and there, [illegible] before you Recreation [illegible]

[illegible] association, the first in [illegible] has been formed, and all of the [illegible] have been accepted as full [illegible] of the Greek National [illegible]. Since the National [illegible] is a member of the International Council of Nurses, this [illegible] international standing as [illegible].

Reading a cablegram from New York stating that Nurses [illegible], Ioannidou and Yecandou were accepted as postgraduate students at Bellevue Hospital, March first. Drs. Parmelee and Parry enjoying the thrill.

An Anatomical Correlation Study[1]

ELLA BEST, R.N.

THE "Anatomical Correlation Study," by [illegible], which [illegible] in the August *Journal*, [illegible] correlation between the [illegible] as taught in the [illegible] and physiology, [illegible] the student [illegible] in her care of the [illegible] in the wards of the Cook County Hospital.

[illegible] as presented in the [illegible] laboratory is intended [illegible] a knowledge of [illegible] and function from [illegible] her work with [illegible] for certain [illegible] the pathological. This method of approach helps the student to see the importance of certain nursing procedures in the care of her patients as well as aids in increasing her interest in the physiological processes involved in the course of the disease. Such a plan of presenting the subject introduces the student to life situations and reduces to a minimum the memorising of abstract detail, a principle recognised as being desirable in general education. For example, the simple procedure of turning or moving the patient in changing the drawsheet may be more intelligently done, with less discomfort to the patient, if the student has more than a superficial knowledge of the body muscles. Many other examples might be given but the following will serve as representative illustrations: the management of weights in the care of fractures involves an understanding of the physiology of muscle and bone in injury; the [illegible] of a [illegible] "[illegible]" is made clear through an appreciation of the wide [illegible] of [illegible] [illegible] the reason for the [illegible] of the incision into the [illegible], certain symptoms may be anticipated in the care of a patient with fractured cervical vertebrae if the student has worked out the formation, distribution and function of the nerves of the brachial plexus.

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[1] [illegible]

The outline used is a simplified form of taking note of correlated conditions and is intended to stress the fact that anatomy and physiology are not isolated sciences but representative of a body of knowledge with many practical applications. The nursing care is not included in this inventory summary of correlated conditions but is presented by the instructors in the various nursing departments whose entire time may be devoted to the subjects which they are expected to teach; namely, the care of the patient in the various types of medical, surgical, pediatric or orthopedic nursing.

The spirit of interest and enthusiasm demonstrated by the student in the study of anatomy and physiology and its relation to the actual care of her patients as well as favorable reports from supervisors, instructors and Assistants to the Dean are evidence that such a course does meet the students' needs in a manner that is most vital and real. Students with this background give more intelligent bedside nursing care to their patients which is the aim of all nursing education.

During ten years' experience in teaching the subject of anatomy and physiology, the author has tried various methods of presenting the course with laboratory dissection of many types of vertebrates. At no time have the students acquired and applied information more satisfactorily than at present through the dissection of cadavers, which has been made possible through the efforts of Laura R. Logan, Dean of the School of Nursing, Cook County Hospital, Chicago.

Prevention of Bed Sores

MARTHA M. [illegible], R.N.

REMARKABLE success has attended the efforts in one institution to cure and prevent pressure sores on bedridden paralytics who lie in the same position for years at a time, and this description of the method is sent in the hope that it may prove useful.

The patient is lifted to a stretcher and then into the bathtub at least two or three times a week.

Newspaper pads having a layer of cotton and covered with gauze are kept under the patients constantly, and changed frequently.

[illegible] powder, mixed with equal parts of [illegible] powder, is used freely.

[illegible] who [illegible] in the condition of patients who [illegible] is very gratifying.

The Student's Share

SINCE student nurses spend most of their time not in the classroom, but on the ward, it is necessary for the Grading Committee to ask what that practical experience means in terms of education. How far is it true, for example, that the students now being graduated have all had properly balanced experience in the medical, surgical, operating room, obstetric, and pediatric services, and in the diet kitchen? Does the patient have assurance, merely because the nurse has been graduated from an accredited school of nursing, that she has had thorough training in each of these essential services?

According to records submitted by the schools for the experience of their 1928 graduates, there were 65 students in Massachusetts who spent 365 days, or more, on the surgical service, 32 such students in New York, 51 in Pennsylvania, 154 in Ohio, 92 in Minnesota, and so on. Records run as high as 730 days for a single student. Where students spend one or two full years on surgical duty, how much time have they left for anything else? Time spent in the operating room does not vary so widely; but even there casual inspection shows schools reporting individual students who spent 350, 355, 367, and 400 days; while in the same schools there may be other students whose experience in these services lasted a month or less.

Because variations in length of student experience are an excellent index to the amount of care which the school gives its educational thinking, a series of diagrams has been prepared, two of which are reproduced here. They deal with the differences in student experience in surgical training and in the operating room. Each diagram consists of a series of blocks, strung side by side on a central thread, so closely that they form a solid black surface. Each block represents a group of schools; and the total number of blocks from left to right represents in the first diagram the total 932 schools whose reports on length of surgical service are used in this study; and in the second diagram, the 1,128 schools giving information covering operating room experience. In each case, half way across the diagram from left to right represents half the schools; one-third of the way across represents one-third of the schools; and so on.

The height of each block, from

SCHOOLS REPORTING EACH SPECIFIED DIFFERENCE IN LENGTH OF EXPERIENCE BETWEEN THE FIRST AND THIRD QUARTILE STUDENTS IN EACH OF SIX SERVICES

Months Difference	Medical	Surgical	Operating Room	Obstetric	Pediatric	Diet Kitchen
[illegible]	[illegible]	297	[illegible]	[illegible]	[illegible]	931
[illegible]	377	[illegible]	[illegible]	[illegible]	213	122
[illegible]	147	180	81	131	63	19
[illegible]	[illegible]	74	21	40	20	2
[illegible]	11	31	5	17	2	
[illegible]	4	10	5	4	1	
[illegible]	3	13	2	3	2	
[illegible]	[illegible]	932	1,128	1,160	[illegible]	1,074
[illegible]	[illegible]	72	34	51	81	13

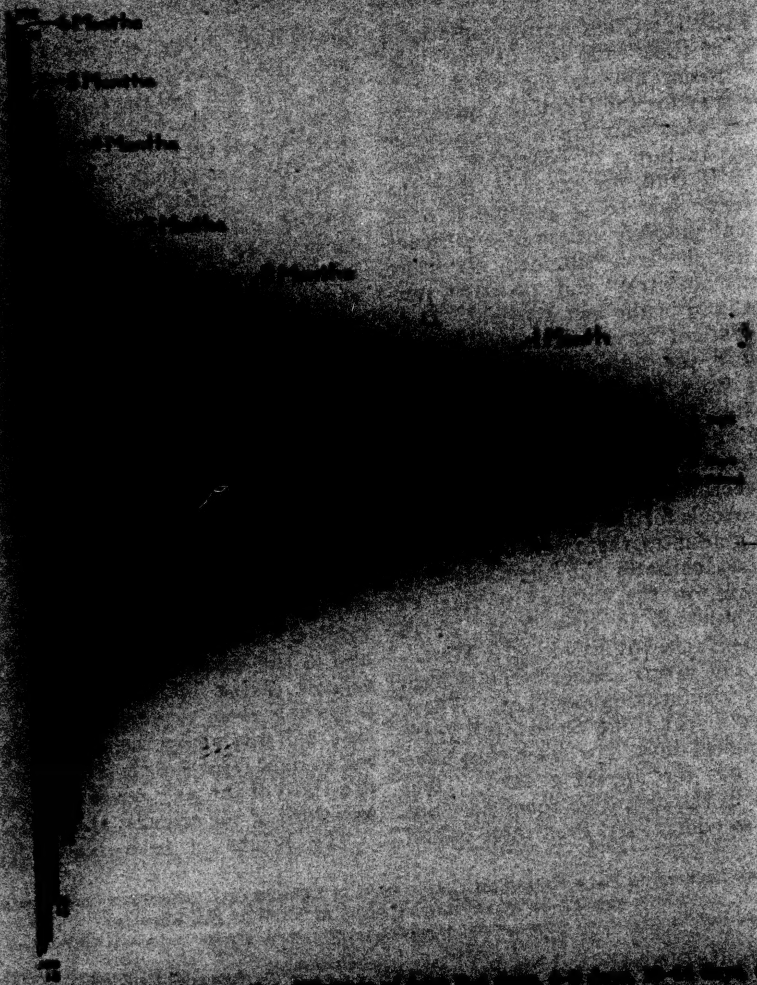
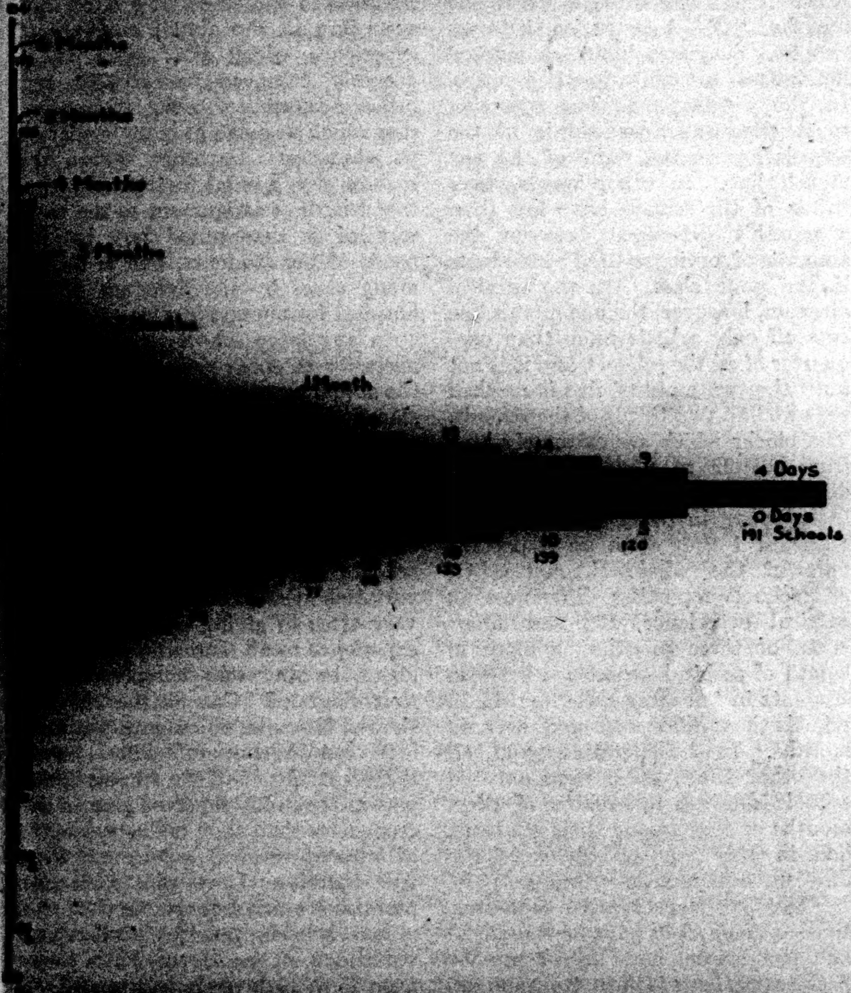


Diagram 1.—Schools reporting [illegible] days, etc., in [illegible] the [illegible] and page [illegible] third quartile [illegible] in the [illegible].

bottom to top, represents the [illegible] differences in length of [illegible] students in the [illegible] in each school. [illegible] Diagram 1, for [illegible] 36 schools in all of [illegible] cases in length of [illegible] service were [illegible] is [illegible] the [illegible] At [illegible] [illegible] and [illegible]



[illegible] differences of from 0–4 days, 5–9 days, 10–14 days, etc., in [illegible] by students in the 1928 graduating class. Distance across the [illegible]. Distance up and down shows differences between the first and [illegible] in the same school.

[illegible] as possible for [illegible] in a given [illegible] and the differ- [illegible] way up, and the student three-quarters of the way up. Throughout this article, where range of experience is discussed, it is based on this quartile comparison.

It will be noted that each diagram is cut into portions by a series of white lines. These breaks show where the months come. A comparison between the two diagrams indicates marked differences in educational practice. In the diagram showing operating room experience, two-thirds of the schools are to the right of the one month line. In other words, two-thirds of the schools have less than a month's difference between the amounts of service secured by students in the same class. On the surgical diagram, however, the one month line cuts off only a little more than one-quarter of all the schools, and it is not until the two months' line is reached that we find two-thirds of the schools. The blocks which are extremely long from bottom to top, showing [illegible] differences between [illegible], take up little space in Diagram 2, but in Diagram 1 they form an important part of the whole silhouette. Of 982 schools reporting differences in surgical experience, 128 had differences of three months or more in length of surgical experience between students in the same class; and in 13 schools these differences were over six months. In the operating room, on the other hand, there were only 33 schools showing differences of three months or over among their students, and in only two schools were the differences six months or more.

These are conservative measures, since extreme cases have been omitted and comparisons have been made not between students at the bottom and top of the class, but between [illegible] quarter and [illegible] up. Were the range [illegible] made the basis of this study, each diagram would consist of blocks [illegible] ably taller than [illegible]. Even with this conservative [illegible], however, there is [illegible] to show that in many [illegible] in the same class are apparently being assigned to the essential services not according to the actual amounts of experience which they need for a properly balanced background, but rather according to some other criterion which seems to have little relation to education. In other words, the studies give ground for the suspicion that length of assignment to the basic services is determined not by the needs of the students, but in all too many cases by the demands of the hospital for nursing service.

In any large school there must of necessity be some variations between the actual numbers of days of service, since it is not [illegible] shift [illegible] equal [illegible] be [illegible] days of [illegible]. The 36 schools showing less than 5 days' variation in surgical service have come very close to giving equal periods of experience to all students. Yet what about the other schools represented in that diagram? Can all the 267 who showed less than one month variation feel equally content? Since nearly three-quarters of all the schools taking part in the study reported greater discrepancies than they between lengths of student surgical experience, these 267, therefore, know that their own practice is much more stable than that of most schools; yet does it follow that variations of, say, from 20 to 24 or from 25 to 28 days are legitimate? If [illegible] how [illegible] is [illegible] be [illegible]?

The table on page [illegible] shows that [illegible] for each of the [illegible] in [illegible]

[illegible] First Grading Study. We hope that as a result of these studies, and of others which the League, the university schools, and other groups are already undertaking, there may be made available to nursing education everywhere a series of recommended standards, showing how much variation between students may be considered allowable, and how much should be considered a danger sign indicating that the assignments of students are being determined not by educational needs, but by the pressing demands of a busy and understaffed hospital.

* * *

Miss Goodrich Goes One Step Farther

THIS last study of the Grading Committee is certainly timely. There is probably no aspect of nursing education that so imperatively demands study and analysis as that of the required content of clinical experience to be included in the undergraduate or basic course in nursing. It is a complex problem, not easy of solution.

That this basic undergraduate course should include clinical experience in the four major branches, Surgical and Medical Nursing, Obstetrics and Pediatrics, is generally conceded. The great advances in the field of preventive medicine and the growing understanding of the interrelationship between the psychic and the physical, have increased rather than diminished the importance of a comprehensive and balanced clinical experience in all of these branches.

The great variations that this last study of the Grading Committee reveals in the clinical experience of the students, evidence only too clearly the subordination in the majority if not all of the schools of the student's experience to the immediate needs of the hospital during the brief period of her professional preparation, rather than basing the content of the experience on the professional service to be rendered to the community.

It is our belief that the clinical experience, not less than the theoretical courses, should be determined on an hourly basis and that any deviation from the number of hours assigned as essential should be slight. A few weeks, even a few days, overtime in one service inevitably cuts into the other not less required experiences. Three years is ample time for the clinical experience which would be of great value to the practitioner of nursing, but the three years as now interpreted in the majority of [illegible] an exploitation of both student and patient, and we feel that again the [illegible] has put a finger upon one of the greatest weaknesses in nursing [illegible] at present interpreted.—ANNIE W. GOODRICH, R.N.

Our Contributors

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] Purposes for Nurses.

[illegible] of the University of Minnesota School of Nursing, is at present a student at Teachers College, Columbia University, where this lesson plan was prepared and used.

[illegible] is Executive Secretary of the Detroit District of the Michigan State Nurses' Association.

[illegible] graduate of the Homeopathic Hospital of Essex County (Newark, N. J.) [illegible] work, [illegible]

[illegible] has recently been [illegible] Hospital [illegible] Association.

[illegible]

[illegible]

[illegible]

[illegible]

Some Specialists

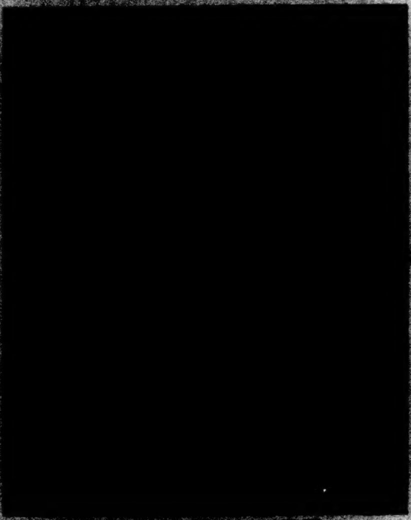
Lydia Breaux, R.N.

JANET FENIMORE KORNGOLD, R.N.

SOME people say that ten years is the working lifetime of a private duty nurse. After that, the scrap-pile! Others say that private duty is a rut, a place to bury aspiration and ambition. The career of Mrs. Lydia Breaux is a most happy contradiction to these dreary misconceptions of the possibilities of private duty. It was in 1909 that Mrs. Breaux graduated from the New Orleans Sanitarium Training School for Nurses. From that time until last year, when she accepted a teaching supervisorship in the private pavilion of Touro Infirmary, Mrs. Breaux's work as a private duty nurse was interrupted only by the still more strenuous experience of 1917–1918 when she saw service with both the American and [illegible] Expeditionary Forces.

[illegible] all institutions expect [illegible] in a staff nurse these [illegible]; a sense of [illegible] for equipment; [illegible] knowledge of nursing; a [illegible] the ability to [illegible] make adjustment [illegible] of both large and [illegible] every patient; [illegible] the [illegible] its [illegible]

[illegible] in the [illegible] which [illegible] In these days when the American home has so largely ceased to function as an institution of educational value to its daughters, the virtues of the family life of three or four decades ago stand out in bold relief. Mrs. Breaux was born on a Louisiana plantation and shared in the multiplicity of its activities. She became an excellent [illegible], a master of the details of household economy; *jeter l'argent par la fenêtre* was never a virtue in her French eyes. In her many years in the homes of New Orleans, no family ever had occasion to lament her



Mrs. Lydia Breaux, R.N.

[illegible] of the household [illegible] plies and equipment. [illegible] by this skill, at a time [illegible] women [illegible] of *faire le ménage* a fine art.

Mrs. Brewer is more than a supervisor; she is a hostess. She radiates welcome and hospitality. There [illegible] whose families she has [illegible] find it comforting and satisfying to be on her floor in the hospital. After her long period of private nursing, she never [illegible]

[illegible]

To overcome the [illegible] of theory and practice, [illegible]

[illegible] students, in the best way, [illegible] thoughtfulness and [illegible] to students. Mrs. Brewer, because of long, wide-awake contact with individual patients, [illegible] most concentrated observation of details, has acquired a knowledge of [illegible] and in this kind of intimate and personal instruction she gives the [illegible] generation the benefit of her experience.

They tell us private duty is "narrowing," but Mrs. Brewer has always had many and diverse interests. She has had the social spirit, thinking always of the needs of the professional group. In the midst of long working days, she found time in 1912 to play a prominent part in the organization of the Louisiana Nurses' Association. For many years she was its president. For a number of years she also served as secretary to the Louisiana Committee of the American Red Cross Nursing Service. And last but not least she has found time to fulfill the rôle of a loyal mother, and an adoring—and adorable—grandmother!

The inimitable George Moore writes in his memoirs:

"I did not go to either Oxford or Cambridge, [illegible]

[illegible]

Editorials

Thirty Fruitful Years

A Birthday Gift

MANY factors enter into the success of nursing projects. On the solid foundation of Mary E. P. Davis' "capacity for sustained drudgery" and for courageous action the ever growing superstructure of the *American Journal of Nursing* rests.

When the magazine was twenty-five years old, nurses in many cities celebrated with gorgeous birthday cakes the growth in circulation and in usefulness which they had helped to bring about. Now it is thirty years old and, instead of asking others to celebrate, the *Journal* is sending a gift to all the accredited schools of nursing. The gift, the *History of the Journal*, has been put in pamphlet form for the use of those who teach the history of nursing, for the story of the *Journal* makes a thrilling page in that history. We think that the principals of the schools will watch eagerly for this pamphlet and see that it is filed with other reference materials in the school library. [illegible] without [illegible] even [illegible].

[illegible] of the *Journal* is not [illegible] of the magazine. It [illegible] jure with; and the list of stockholders (See frontispiece) is a veritable roll call of the eminent of that day.

The magazine, now the property of the American Nurses' Association, is the professional gift of these great women to the nurses of the world. Said Miss Davis, in those arduous days of preliminary committee work:

> I have always contended that if the foundation was laid securely along proper lines there was not much danger but what the superstructure would be a success. We are certainly laying the foundation no matter who builds it . . . let them find it as nearly faultless as possible, not cramped or narrowed down to meet one person's ideas but with every avenue for expansion and improvement open.

After thirty years, those who follow have reason to bless the fine sincerity, the rugged honesty, the tenacity of purpose and the acumen with which the foundation was laid. Growing steadily in splendid usefulness, but weighted always with serious problems, the profession finds much use for the magazine. In these days of search for a solution to the unemployment problem, for sound types of organization for our educational programs, for inclusive programs of distribution, the *Journal* is needed as never before. A perusal of the story of the early struggles of the magazine which is now so taken for granted, will bring renewal and to those of today who, like Miss Davis, possess "a capacity for sustained drudgery" as well as clear vision and great courage.

The story of the *Journal* will be delivered to the principals of the schools just after this *Journal* has been received. A few extra copies will be available for state boards of nurse examiners and for state Associations upon request.

The Student's Share—and the Patient's

"DOES the patient have any assurance, merely because a nurse has been graduated from an accredited school of nursing, that she has had thorough training in each of the essential services?" asks Dr. Burgess in her current article "The Student's Share." The answer, based on the most careful compilation of the schools' own statements, obviously is *No*, especially [illegible] how such [illegible] schools report differences [illegible] days in length of surgical service, and only thirty-six, differences of less than five days, while at the other end of the scale there are schools with variations of 150 days and upward to the point where some students apparently spent their entire training period on surgical service.

"Dr. Burgess has put her finger on one of the weakest spots in our whole system of nursing education," writes Adda Eldredge, [illegible] president of the association. "When emergencies arise, superintendents of nurses far too often meet the emergency by transfer of students from the services from which they can most easily be spared without reference to the student's program."

This is not the first time that [illegible] has been [illegible] tion of the [illegible] education, by the [illegible] Report was [illegible] that the [illegible] tional program of the [illegible] administration of the hospital's nursing service.

How did the thirty-six schools which report variations of from 0 to 4 days achieve their aim? If thirty-six were successful in balancing services, can others do likewise? Obviously, what they did, and do, others can do, if they will plan the program of nursing experience with the same care they give the theoretical program.

Balancing nursing student service with affiliation service, a cardinal principle of nursing education and one long advocated by Miss Goodrich in her teaching and one carried out not only at Yale and the University of Wisconsin, but in an increasing number of other schools, is sound practice. "Even without such supplementary service, there is reason to believe that many schools can make more careful assignments than they habitually do," says Miss Eldredge.

It cannot be done without a careful plan and faithful adherence to the plan. Methods vary, but the principle must everywhere be the same. When assignments are being made, whether on the first of the month, at other stated times, or in emergency, records must be easily available which show the total time already spent in each service. With such a record before her, a conscientious principal will not willingly add days to an already overlong service.

Dr. Burgess' data supply a very [illegible]

[illegible] of practical experi[illegible] are worked out [illegible] with the same care [illegible] program, a [illegible] must be given to Dr. [illegible] "Does the patient [illegible] merely because [illegible] graduated from an [illegible] of nursing, that she [illegible] training in each of [illegible]?"

[illegible] in Shelby County

PUBLICATION number six of the [illegible] the Cost of Medical [illegible] Survey of the Medical [illegible] Shelby County, Indiana, [illegible] some exceedingly in[illegible] Shelby County was [illegible] because it seemed to [illegible] typical of a midwestern [illegible] as any county which [illegible].

[illegible] services are described as [illegible] three different ways: by [illegible] nurses of two kinds, [illegible] practical; by hospital [illegible] by the public health [illegible] are available for pri[illegible]," says the report, "[illegible] and about twenty-[illegible]." The one hos[illegible] by gradu[illegible] nurses are [illegible] for special duty in the [illegible] for private duty from an [illegible] registry.

[illegible] appear to enter into [illegible] competition between [illegible]. Among [illegible] of registered [illegible] of nurses [illegible] "[illegible] lights" of the city, (3) the tendency to register not only against rural calls but also against certain types of cases.

The total expenditure of private duty nursing in the County in 1928 is estimated at $14,500. Of this sum $3,200 went for hospital specials; $3,300 for registered nurses in homes; and $8,000 for practical nurses.

Only about one-half of the maternity patients in the county have nursing assistance and it is obvious from the account given of the preparation, or lack of it, of the practical nurses that those who do have their service cannot be receiving high type care, although it may satisfy the present desires of the patients. Conversely, the income of each of the two private duty nurses is lower than that of some of the practical nurses.

Considering that Shelby County is considered to be a typical rural midwestern county, the study opens a vista of nursing opportunity.

Stimulated by the reports of the Grading Committee and guided by the American Nurses' Association, which is devoting much of its attention to the whole question of the distribution of nursing service, nurses everywhere are beginning to think in terms of community organization for all types of nursing service. Speed the day when skilled nurses and patients needing their skill may be brought together for longer or shorter periods at rates which the patient can afford to pay and which, when pooled through efficient organization and administration, will provide incomes commensurate with the preparation and skill of the nurses.

Hospital Fire Drills

FREQUENTLY the question is asked, "Just what should [illegible] hospital [illegible]?" [illegible]

[illegible] building is the primary object.

—"Fire Prevention and Protection as Applied to Hospitals," The National Board of Fire Underwriters, 85 John St., New York.

Safety Rules in Serious Fires

1. Make all your plans in advance.
2. Never go to bed without knowing the [illegible] way to leave the house.
3. Keep the halls, [illegible] free from [illegible].
4. Give the alarm promptly. In a crowded [illegible] the alarm quietly and keep [illegible].
5. Know where to find the nearest fire alarm box and study [illegible] in advance.
6. Wait by the box, if it is outside the burning building, so as to direct the firemen when they arrive.
7. If you send a telephone alarm, call the operator and say, "I wish to report a fire," and be sure to give the address.
8. If your door is closed, put your feet against it and open it cautiously. Slam it shut if the fire threatens to rush in.
9. If there is smoke, but no flame, in the hallway, tie a wet cloth around your mouth and nose and crawl on hands and knees if the smoke is dense.
10. Close all doors that you pass in order to keep the fire from spreading.
11. Do not jump from a window except as a last resort. It is better to tie a sheet, [illegible] together into a rope, fasten one end of the rope securely, and slide to the ground.
12. If you have to jump, throw out mattresses and bedding to break the fall.
13. Always save life before property. In saving property, take out the most valuable things first.
14. Don't throw breakables from the window.
15. Always keep your hand-book "Safeguarding the Home Against Fire," prepared by the National Board of Fire Underwriters.

The Public Health Nurse for October

Official Magazine of the National Organization for Public Health Nursing

(May be had in combination with the *Journal*)

Follow-up Care of Cardiac Children in the Home, Lucy Porter Sutton, M.D.
Practical Suggestions for Nurses in Industry, W. J. McConnell, M.D.
How to Evaluate Methods of Supervision, Irma E. Reeve.
Health Center Procedure, [illegible]
[illegible]
Public Health Nursing in [illegible]
[illegible]
N. O. P. H. N. and [illegible]

Vol. [illegible]

Department of Nursing Education

EDITED FOR THE NATIONAL LEAGUE OF NURSING EDUCATION BY NINA D. GAGE, M.A., R.N.

The Chemistry Course

What the Student Nurse Should Remember

HARRY C. BIDDLE

Introduction

ONE of the greatest obstacles in the teaching of chemistry from the average textbook is that in many cases the subject matter bears very little relationship to the responsibilities of the nurse, especially when she has had no ward duty. Furthermore, there is considerable variation in the abilities of the students, especially, in schools where only a diploma from an accredited high school is needed for enrollment in the school of nursing.

Purpose of the Investigation

FOR several years the writer has been teaching chemistry to nurses, and during that time many questions have arisen concerning the inclusion of certain topics for the student nurse, as outlined by the Committee on Education of the National League of Nursing Education.

The Committee requires the teaching of some topics which, under any [illegible] of chemistry [illegible] be justified. In [illegible] is only time [illegible] teaching of [illegible] opportunity [illegible] the [illegible] in the wards does not attempt to carry on the work begun by the chemistry instructor, the consequence of which is that much theory is forgotten and the practical application is not correlated with her classroom teaching.

Informal investigation of the actual experiences of the average nurse seemed to warrant spending less time on some topics and more time on others of greater interest to the nurse. A special lesson, for example, as recommended by the Committee, on the occurrence, preparation, properties, and uses of hydrogen seemed a waste of time, especially so in view of the fact that this information had already been acquired as early as in the junior high school.

The student nurse upon entering the course already knows that hydrogen is a gas, is very light, burns, makes balloons buoyant, and is a component of water and organic material. What few of these facts need repetition would present themselves as related facts when studying certain other subjects. For example, the properties of hydrogen are brought out in the usual laboratory experiments on acids, while the hydrogenation of oils is introduced during the study of fats.

The study of colloidal chemistry and its far-reaching applications, on the other hand, seemed to demand more time than was asked for in the [illegible] outline. This condition led the writer to make a complete evaluation of the whole of the conventional content of chemistry for nurses.

Method of Investigation

IN making this survey in the state of Ohio, counsel and cooperation were secured from Caroline V. McKee, R.N., Chief Examiner of the Nurse Examining Committee of the State Medical Board.

Under the general heading of each of sixteen chapters, a list of the [illegible] found in the standard texts for the course was carefully selected and organized into statements. These statements (questions), some two hundred in number, were submitted to the [illegible] schools of nursing of the state of Ohio.

At each school one instructor and one general duty nurse were asked to rate these statements under the general terms of very [illegible] and not needed, the deciding being done with the question in mind, "What should the student nurse know for [illegible] the performance of the [illegible] duty?" These three [illegible] of the varying degree of usefulness were converted into three numerical terms, using three for very, two for [illegible], and one for not needed. The index of relative value of each of these topics was then determined by dividing the [illegible] total [illegible]. Thus an index of three [illegible] and [illegible] minimum. This index of relative value was determined for the [illegible] and for both. [illegible] relative value [illegible] arithmetic average of the [illegible]

the numerical rank of each of the two hundred statements was made.

[illegible] index of [illegible] was determined by dividing the 200 [illegible] into 16 groups. [illegible] value of each chapter was also determined by dividing the number of statements of each chapter into the total of the [illegible] ranks of all the items of that chapter.

Results of the Investigation

TOPICS Which Rank Low.—It is [illegible] very interesting to find out what material [illegible] is least considered useful knowledge by [illegible]. [illegible] on the [illegible] which would be considered for elimination.

A study of the table at the end of this paper reveals that not only would some of the conventional [illegible] be left out of the course, but also practically two entire chapters, namely, "Ionization" and "Equation Writing."

It has always been difficult to [illegible]

[illegible]

TABLE I—RELATIVE IMPORTANCE OF THE CHAPTER HEADINGS

Chapter Heading	Average Decile Rank	Order of Importance
[illegible] fundamental facts	5.7	10
[illegible] and Equations	8.53	15
[illegible]	5.25	8
[illegible]	3.70	2
[illegible]	4.81	7
[illegible]	10.00	16
[illegible]	4.00	3
[illegible]	4.12	5
[illegible]	5.37	9
[illegible]	6.00	11
[illegible]	7.20	14
[illegible] and substitution products	6.82	13
[illegible]	4.76	6
[illegible]	4.10	4
[illegible]	6.18	12
[illegible]	1.20	1

[illegible] (78), probably should not be given much space in a course of this nature, but are necessary information to explain many phenomena which are of vital interest to a nurse.

The study of graphite (117), diamond (118), lamp black (119), and bone black (120), does not have much bearing on the practical work of a nurse, and therefore very little need be [illegible] concerning these materials. [illegible] accounts for the [illegible] the properties of some [illegible] and clears up a question [illegible]. It is a question if in check- [illegible] all were cognizant of its [illegible]

[illegible] the behavior of several [illegible] hydrocarbons (141- [illegible] knowledge of the [illegible] the properties of some [illegible] can only be gained by [illegible] the nature of the [illegible] bonds; that is, we [illegible] and account for the [illegible] activity of unsatu- [illegible] as compared [illegible] if we did not take this into account. The learning of this fact is not an added burden to the student.

In giving the chapter on ionization the lowest value, the question might rightly be asked, "What is its value to the nurse?" Briefly the answer would be, "It explains the peculiar behavior of aqueous solutions of acids, bases, and salts." That statement alone would seem to warrant a higher value.

Comparison of Judgments of Teachers of Chemistry and General Duty Nurses.—In comparing the judgments of teachers of chemistry with choices of general duty nurses, the very surprising and gratifying observation is that, with very few exceptions, there is not much divergence of opinion in regard to the relative value of the two hundred topics. The very few wide divergences which occur are not of seemingly great importance, since they do not involve major topics.

As would be expected wherever theory is involved, with scarcely an exception, the instructor gives a higher rating. On the other hand, that which is practical is considered of more value by the general duty nurse. These observations might partially be accounted for by the fact that the general duty nurse has largely forgotten the theory underlying many of the applications of chemistry to nursing. She is more keenly alive to the routine which she uses daily in the wards.

The Comparative Importance of the Chapter Headings.—An examination of the average decile rank of sixteen chapters reveals that digestion ranks first while ionization, definitions, and equations rank lowest. In view of the nature of the work of the nurse in the wards, and also since the theory of this work has been stressed in at least two other courses, it is quite natural and logical that digestion should have the highest rating.

On the other hand, the extreme difficulty of teaching valence and equation writing in such a short period of time, and the limited amount of practical use made of this information, raise the question of the value of including this material. If our students have had an elementary chemistry course as a prerequisite, then we are justified in explaining chemical changes by the use of symbols and formulas; otherwise the effort expended is questionable.

The consensus of opinion of most instructors is that word equations are sufficient for the majority. Nevertheless, it is then more advisable to include this material as an added means of explaining phenomena which otherwise would be very vague. Table I shows the relative importance of the sixteen chapter headings.

Relative Importance of the Essentials of Chemistry for Nurses.—Table II, showing the relative importance of two hundred essentials of chemistry for nurses, is the most important contribution of this study.

By consulting the last column of the table, showing the decile rank, one gets at a glance an idea of the relative importance of each essential fact. For example, in Chapter I, statement 1, concerning the meaning of a chemical change, has a decile rank of three which means that it belongs in the third decile in importance. Column one shows the value assigned to each essential fact by the instructor of chemistry. Column two shows the value assigned to each essential fact by the general duty nurse. Column three shows the value assigned to each essential fact by the combined group of chemistry instructors and general duty nurses. Column four shows the numerical rank assigned to each essential fact by the combined group.

It was determined by arranging the values in column three in numerical order. For example, the first essential fact listed, concerning the meaning of a chemical change has the rank of 80, showing that 79 items are more important and 120 are less important. Column five, showing the decile rank of each essential fact, is a condensed index of the relative value of the items. [illegible] essential facts [illegible] decile rank of 1 which indicates that at least 10 per cent of the items are most important and 10 per cent of the items are least important.

TABLE II—RELATIVE IMPORTANCE OF TWO HUNDRED ESSENTIALS OF CHEMISTRY

Essentials	Average value assigned by: (range: 1.00 to 3.00)			Rank	
	Instructor	Nurse	Combined	Numerical	Decile
I. Some Fundamental Facts					
1. A chemical change involves a change in composition.	2.82	2.73	2.76	50	3
2. Analysis involves the decomposition of a substance into simpler units; synthesis involves the opposite process.	2.26	2.12	2.18	155	8
3. [illegible] energy can be neither created nor destroyed.	2.62	2.71	2.67	69	4
4. The fuel value of foods lies in the amount of heat liberated by a given weight. The calorie is the unit of heat.	2.84	2.89	2.87	23	2
5. Elements, the simplest form of matter, occur free and combined.	2.33	2.30	2.31	133	7
6. Elements make up the human body and, as salts, affect the [illegible], acidity, and alkalinity.	2.86	2.82	2.84	32	2
7. Compounds are composed of elements.	2.42	2.25	2.32	132	7
8. The composition of a compound never varies.	2.17	1.92	2.02	169	9
9. A mixture differs from a compound by consisting of substances which can be separated by mechanical means.	2.40	2.26	2.32	131	7
10. Only a few elements enter into the composition of the body. Each element, in the form of a compound, has a use.	2.24	2.19	2.21	148	8
II. Definitions and Equations					
11. A molecule is the smallest physical division of matter.	2.42	2.20	2.29	135	7
12. An atom is the smallest individual particle of matter.	2.31	2.14	2.21	149	8
13. A symbol is an abbreviation for an element.	2.62	2.58	2.60	85	3
14. A formula represents the composition of a compound.	2.48	2.09	2.25	144	8
15. An equation represents a chemical change.	2.44	2.03	2.20	154	8
16. Knowing the [illegible] valence of the elements in a formula, one can determine the [illegible]	2.04	1.61	1.79	184	10
17. By [illegible] the [illegible] valence [illegible] can be determined.	1.97	1.53	1.72	189	10
18. A radical is a group of elements acting as a unit.	2.06	1.65	1.82	182	10
19. The formula of a compound may be represented graphically.	2.02	1.77	1.87	176	9

[illegible]

TABLE II—[illegible]—Continued

Essentials	Average value assigned by: (range: 1.00 to 3.00)			Rank	
	Instructors	Nurses	Combined	Numerical	Decile
20. By means of symbols an equation can be written to express the [illegible]	2.17	1.87	2.00	173	9
21. [illegible]	2.21	1.77	1.95	175	9
22. With the aid of symbols and [illegible]	2.03	1.60	1.77	186	10
23. The electron theory explains the structure of the atom from an electrical standpoint.	2.73	2.76	2.75	55	3
III. Oxygen					
24. Oxygen is very abundant in the air, water, earth's crust, and the human body.	2.80	2.87	2.84	29	2
25. Oxygen, [illegible]	2.00	2.09	2.05	106	9
26. Oxygen [illegible]	2.00	2.09	2.05	106	9
27. Oxygen [illegible]	2.24	1.90	2.04	108	9
28. A [illegible]	2.88	2.69	2.77	48	3
29. Oxygen [illegible]	2.63	2.60	2.61	88	5
30. Oxygen is active at high temperatures and combines with [illegible]	2.55	2.49	2.51	100	5
31. An [illegible] combined with [illegible]	2.51	2.47	2.50	102	6
32. Oxidation is the combining of oxygen with a substance.	2.75	2.68	2.73	63	4
33. Oxidation accompanied by heat and light is called combustion.	2.75	2.70	2.72	65	4
34. The starting of a fire without the external application of heat is called spontaneous combustion.	2.63	2.61	2.62	81	5
35. Kindling temperature is the temperature at which [illegible]	2.45	2.48	2.46	111	6
36. The [illegible]	2.13	2.21	2.15	[illegible]	8
37. Fireproof [illegible]	2.35	2.30	2.34	[illegible]	7
38. Fire [illegible]	2.51	[illegible]	[illegible]	[illegible]	5
39. Oxygen is used [illegible] treatment of disease, and with anesthetics.	2.78	[illegible]	[illegible]	[illegible]	3

[illegible] Importance of Two Hundred Essentials of Chemistry—*Continued*

[illegible] pure oxygen is [illegible]	1.75	1.66	1.70	195	10
[illegible] water [illegible] blood giving [illegible]	2.84	2.96	2.91	12	1
[illegible] effects of bad [illegible] are due to high [illegible] and an abnor- [illegible] of water vapor.	2.84	2.90	2.87	21	2
[illegible] more active [illegible] agent than oxygen.	2.00	2.17	2.10	164	9
IV. Water					
44. Water [illegible] a large part of the [illegible], foods, and the [illegible] body.	2.60	2.77	2.70	68	4
[illegible] Water is the product of [illegible] and combines with [illegible] compounds to form [illegible]	2.71	2.53	2.61	82	5
[illegible] matter in water [illegible] of common salt and [illegible] of calcium, mag- [illegible]	2.68	2.73	2.71	66	4
47. [illegible] in water [illegible] derived from [illegible] of [illegible] matter.	2.57	2.66	2.62	80	4
[illegible] water may involve [illegible] or sanitary [illegible]	2.44	2.58	2.52	99	5
[illegible] consists in the [illegible] and condensing [illegible]	2.55	2.74	2.66	73	4
[illegible] but does not [illegible] matter.	2.95	2.96	2.96	6	1
[illegible] water is purified [illegible] by the [illegible] rapid sand [illegible] meth- [illegible]	2.73	2.69	2.71	65	4
[illegible] is objectionable in [illegible] cooking.	2.53	2.61	2.58	90	5
[illegible] water is in- [illegible] chemi- [illegible] and [illegible] etc.	2.97	2.96	2.96	5	1
[illegible]					
[illegible]	2.68	2.76	2.71	64	4
[illegible]	2.91	2.79	2.84	30	2
[illegible]	2.84	2.88	2.87	22	2
[illegible]	2.77	2.69	2.73	50	3

TABLE II—Relative Importance of Two Hundred Essentials of Chemistry—Continued

Essentials	Average value assigned by: (range: 1.00 to 3.00)			Rank	
	Instructor	Nurse	Combined	Numerical	Decile
58. An isotonic saline solution is one of equal osmotic pressure with that of the blood.	2.95	2.95	2.95	7	1
59. A saline solution may be hypertonic or hypotonic to the [illegible]	2.95	2.71	2.83	27	2
60. The [illegible] of solids can be increased by pulverizing, stirring and heating.	2.86	2.79	2.82	30	2
61. Solution is very important in [illegible] chemical action; e. g., the digestion of foods.	2.86	2.80	2.83	35	2
62. The [illegible]	2.40	2.47	2.44	115	6
63. A [illegible]	2.31	2.17	2.23	146	8
64. Colloidal particles are small enough to pass through ordinary filter paper but not [illegible]	2.55	2.20	2.37	125	7
65. The [illegible] of [illegible] the color of [illegible]	1.97	1.72	1.83	180	9
66. Colloids [illegible]	2.15	2.06	2.11	168	9
67. Colloids [illegible] dissolved substances [illegible]; e. g., [illegible]	2.32	2.20	2.25	143	8
68. The tissues of the body are hydrated gels.	2.16	2.07	2.12	165	9
69. An emulsion is a colloidal dispersion of one liquid in another liquid; e. g., oil emulsions.	2.80	2.73	2.75	39	2
VI. Ionization					
70. Electrolytes are acids, bases and salts, which in water solution conduct the electric current.	1.91	1.73	1.81	[illegible]	10
71. The decomposition of a substance by an electric current is called electrolysis.	1.77	1.77	1.77	[illegible]	10
72. Electrolytes [illegible]	1.75	1.57	1.63	[illegible]	10

[illegible].—Relative Importance of Two Hundred Essentials of Chemistry—*Continued*

73. The ionic theory states that an electrolyte in water dissociates in atoms or radicals [illegible] of electrically charged [illegible] called ions.	1.73	1.77	1.75	188	10
74. The [illegible] of electrolytes depends upon the number of ions present.	1.73	1.66	1.69	196	10
75. Dilution produces greater ionization.	1.75	1.66	1.70	194	10
76. Strength of electrolytes in solution depends upon the degree of ionization.	1.82	1.61	1.70	193	10
VII. *Acids*					
77. Acids are either inorganic or organic.	2.77	2.74	2.75	54	3
78. Acids have a sour taste, turn litmus paper pink, act on metals, bases, carbonates, and the tissues.	2.86	2.76	2.80	41	3
79. An acid furnishes hydrogen ions in solution.	2.06	2.03	2.04	167	9
80. The naming of inorganic acids depends upon whether they are binary or ternary.	2.04	1.98	2.00	171	9
81. Hydrochloric acid has several important functions in the stomach.	2.95	2.96	2.96	4	1
82. Hypochlorous acid is the acid in Dakin's solution.	2.84	2.84	2.84	31	2
83. Nitric, sulphuric, and hydrochloric acid are the most important commercial acids.	2.80	2.76	2.77	47	3
84. A few organic acids only, as lactic, [illegible], tannic, citric, etc., are important acids to the nurse.	2.75	2.76	2.75	52	3
85. Organic acids in metabolism account for the alkalinity of the blood.	2.86	2.71	2.77	49	3
VIII. *Bases*					
86. Bases turn litmus blue, act on acids and the tissues.	2.82	2.77	2.79	45	3
87. The alkaline fluids of the body are the intestinal fluids and the blood.	2.91	2.83	2.87	20	1
88. A base furnishes hydroxide ions in solution.	2.35	2.09	2.20	150	8
89. Sodium hydroxide (lye) is corrosive and disintegrates organic matter.	2.51	2.36	2.42	117	6
90. A solution of slaked lime is called lime water, and is used to [illegible] acidity of the [illegible].	2.77	2.68	2.72	61	4
91. Ammonium hydroxide is used [illegible] to neutralize [illegible].	2.82	2.77	2.79	44	3
92. A [illegible] of a salt and water [illegible] base and an acid is called hydrolysis.	2.57	2.31	2.42	116	6

[illegible], 1929.

TABLE II—RELATIVE IMPORTANCE OF THE ESSENTIAL ELEMENTS OF CHEMISTRY—Continued

Essentials	Average value assigned by: (range 1.00 to 3.00)			Rank	
	Instructor	Nurse	Combined	Numerical	Decile
93. Alkalies are base-forming substances, e. g., sodium hydroxide, ammonia.	2.86	2.80	2.83	24	2
IX. Salts					
94. The reaction of the hydrogen ion of an acid with the hydroxyl ion of a base to form water [illegible] neutralization.	2.27	2.08	2.14	157	8
95. Salts, [illegible] products, may be prepared by neutralization, by the action of an acid upon a metal, and by a salt with a salt.	2.45	2.12	2.21	147	8
96. Some important salts of importance to the nurse are NaCl, [illegible]	2.60	2.20	2.38	90	5
97. Salts are either neutral, acid, or basic.	2.40	2.41	2.40	120	6
98. Salts are named in accordance with the names of the acids from which the salts are derived.	2.95	2.25	2.59	85	5
99. Salts have general, besides specific, functions in the body.	2.96	2.87	2.90	15	1
100. Salts affect the cells; e. g., osmotic [illegible].	2.80	2.74	2.76	43	3
101. Alkaloidal salts are bitter, poisonous, [illegible] compounds which are much used in medicine; e. g., quinine sulphate.	2.44	2.31	2.37	124	7
X. Non-Metals					
102. Metals differ in their properties from non-metals.	2.35	2.06	2.16	150	8
103. Nitrogen occurs in the air and in proteins.	2.64	2.65	2.67	72	4
104. Nitrogen is only active at high temperatures.	2.35	2.25	2.28	142	8
105. Nitrogen is essential to plant and animal life.	2.57	2.38	2.45	116	6
106. Nitrogen diminishes the intensity of oxygen and modifies the air.	2.57	2.13	2.27	134	7
107. Ammonia gas is used in refrigeration.	2.62	2.12	2.28	139	7
108. Salts of ammonia are heart stimulants and expectorants.	2.96	2.84	2.88	20	2
109. Nitrous oxide is an anesthetic.	2.98	2.96	2.97	10	1
110. Amino acids are the end products of the digestion of proteins.	2.83	2.74	2.76	46	3
111. Chlorine is used for disinfection.	2.90	2.79	2.83	28	2
112. Bromide salts are used as sedatives.	2.85	2.84	2.84	27	2

[illegible] Importance of Two Hundred Essentials of Chemistry—*Continued*

11[illegible]. [illegible] proportion.	2.74	2.90	2.84	33	2
11[illegible]. [illegible] used in certain skin [illegible]	2.60	2.47	2.53	97	5
115. [illegible] in the bones, [illegible] tissues of com-[illegible]	2.43	2.59	2.53	96	5
116. C[illegible] in several varieties [illegible] different stages [illegible] decomposition of [illegible].	2.18	2.01	2.06	165	9
117. [illegible] allotropic form [illegible] a lubricant.	1.63	1.76	1.71	192	10
118. [illegible] is used commercially [illegible] cutting, polishing, [illegible]	1.45	1.66	1.58	200	10
119. [illegible] is used in black [illegible] inks.	1.45	1.60	1.54	201	11
120. [illegible] is used to remove [illegible] certain liquids.	1.84	1.47	1.62	198	10
121. C[illegible] an amorphous form [illegible], is a fuel and [illegible]	1.88	1.80	1.84	179	9
122. C[illegible] is mostly used as a fuel.	1.88	1.80	1.84	178	9
123. C[illegible] at high temperature [illegible] with oxygen and [illegible]	2.57	2.19	2.34	120	7
124. C[illegible] dioxide gas stimulates [illegible], and is used in fire [illegible]	2.52	2.74	2.65	76	4
125. P[illegible] absorb carbon dioxide by a process called photosynthesis.	2.63	2.42	2.51	101	6
126. C[illegible] monoxide, a poisonous gas is formed as the result of [illegible] combustion of carbon.	2.84	2.66	2.74	58	3
XI. *Organic Chemistry*					
127. Organic chemistry deals with a [illegible] of carbon compounds.	2.60	2.44	2.50	106	6
128. [illegible] such as [illegible] are spe-[illegible]	2.51	2.36	2.42	119	6
129. C[illegible] from [illegible] in be-[illegible] poor elec-[illegible] not very active or [illegible]	2.22	2.33	2.28	137	7
[illegible] important be-[illegible] relationship [illegible]	2.62	2.54	2.57	91	5
[illegible] are de-[illegible] the plant [illegible]	2.55	2.46	2.50	103	10
[illegible] of the [illegible] of the [illegible]	1.95	1.61	1.75	187	6
[illegible] in the [illegible]	2.03	1.83	1.90	175	9

[illegible]

TABLE II—RELATIVE IMPORTANCE OF TWO HUNDRED ESSENTIALS OF CHEMISTRY—Concluded

Essentials	Average value assigned by: (range: 1.00 to 3.00)			Rank	
	Instructor	Nurse	Combined	Numerical	Decile
134. Organic compounds are classified as acids, salts, ethers, alcohols, hydrocarbons, aldehydes, ketones, amines, carbohydrates, fats, and proteins.	2.46	2.34	2.40	122	7
135. Only a small part of the organic molecule, called the characteristic group, enters into a chemical reaction.	2.05	1.71	1.85	177	9
136. The object in studying organic compounds is to learn general types of classes of compounds and the relation between them.	2.44	2.16	2.27	140	7
XII. *Hydrocarbons and Substitution Products*					
137. Hydrocarbons are classified according to the proportion of carbon to hydrogen; e. g., methane, ethylene, acetylene and benzene series.	2.08	1.76	1.90	174	9
138. Hydrocarbons incapable of combining with more hydrogen are saturated; e. g., the methane series.	1.84	1.60	1.71	191	10
139. Substitution products are the result of replacing the hydrogen by other elements or radicals.	1.93	1.56	1.71	190	10
140. Hydrocarbons are unsaturated due to the double or triple bond.	1.71	1.52	1.61	199	10
141. Methane is the result of the decomposition of organic matter, and natural gas is mostly methane.	2.26	2.25	2.26	141	8
142. Ethylene is an anesthetic.	2.46	2.35	2.40	116	6
143. Acetylene is a source of great heat and light.	2.24	2.03	2.12	161	9
144. Benzene is a solvent.	2.17	2.36	2.29	135	7
145. An alcohol is a hydroxid substitution product of a hydrocarbon.	2.48	2.56	2.53	96	5
146. Methyl alcohol is poisonous and is used as a solvent.	2.53	2.64	2.60	87	5
147. Ethyl alcohol is a solvent, a valuable drug, and is used to prepare many medicinal compounds.	2.79	2.67	2.72	60	3
148. Glycerin is used in many pharmaceutical preparations.	2.84	2.75	2.79	49	3
149. Phenol is an antiseptic.	2.80	2.73	2.75	56	3
150. Ether is an anesthetic.	2.30	2.57	2.46	113	6
151. An aldehyde is an oxidation product of an alcohol, and is a powerful reducing agent.	2.44	1.89	2.13	160	8

TABLE II.—Relative Importance of Two Hundred Essentials of Chemistry—*Continued*

152. [illegible] are incomplete oxidation products of alcohols, [illegible] being the most important.	2.44	2.52	2.49	108	6
153. Organic acids are weak as compared to inorganic acids.	2.44	2.06	2.20	153	8
XIII. *Carbohydrates*					
154. Carbohydrates occur mostly in the plant kingdom.	2.80	2.65	2.71	67	4
155. Carbohydrates are compounds composed of carbon, hydrogen, and oxygen. Their function is to produce energy.	2.84	2.87	2.85	26	2
156. The carbohydrates are classified according to the number of saccharide groups in the molecule.	2.62	2.25	2.40	121	7
157. The carbohydrates vary in their solubility and digestibility.	2.55	2.65	2.61	84	5
158. The carbohydrates contain in their molecules the aldehyd or ketone group, along with alcoholic groups.	2.00	2.00	2.00	170	9
159. Fehling's test for sugar is based upon the reducing property of the aldehyd or ketone group.	2.28	2.27	2.27	139	7
160. Hydrolysis of the di- and polysaccharides takes place in the presence of certain enzymes.	2.71	2.38	2.52	98	5
161. Fermentation is produced by the bacteria, yeasts, or molds.	2.73	2.78	2.75	51	3
162. Oxidation produces carbon dioxide, water, and energy.	2.80	2.81	2.81	40	2
163. Dextrose is found in the blood and diabetic urine.	2.64	2.70	2.67	70	4
164. Sucrose is the ordinary table sugar found in many fruits and plants.	2.64	2.73	2.69	69	4
165. Lactose is the sugar occurring in milk.	2.60	2.68	2.64	78	4
166. Maltose sugar is found in germinating grain, and is present in many malted preparations.	2.57	2.70	2.65	77	4
167. Starch unless heated is not digestible. Dextrin, as the product of heating dry starch, [illegible]	2.57	2.73	2.66	75	4
168. Cellulose forms the fibrous [illegible] of plants. Its [illegible] is to produce [illegible]	2.75	2.63	2.67	71	4
169. [illegible] solution and [illegible]	2.08	2.33	2.23	146	8
170. Glycogen or animal starch is stored up in the liver as a reserve supply of energy.	2.55	2.70	2.63	79	4

[illegible]

Table II—[illegible]—Continued

Essentials	Average value assigned by: (range: 1.00 to 3.00)			Rank	
	Instructor	Nurse	Combined	[illegible]	Decile
XIV. Fats					
171. Fats [illegible]	2.86	2.77	2.81	30	2
172. [illegible]	2.41	2.55	2.50	104	6
173. [illegible]	2.45	2.52	2.48	106	6
174. [illegible] of fatty [illegible]	2.33	2.36	2.35	136	7
175. [illegible]	2.64	2.66	2.65	74	4
176. [illegible]	2.30	2.30	2.30	152	8
177. [illegible]	2.68	2.53	2.55	93	5
178. [illegible]	2.91	2.95	2.93	8	1
179. [illegible]	2.93	2.90	2.91	10	1
180. In [illegible]	2.93	2.86	2.90	14	1
XV. [illegible]					
181. [illegible]	2.71	2.86	2.81	33	2
182. [illegible]	2.38	2.52	2.45	[illegible]	6
183. [illegible]	2.33	2.50	2.45	[illegible]	6
184. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]	7
185. [illegible]	[illegible]	2.41	[illegible]	[illegible]	7
186. Upon [illegible]	2.61	2.37	[illegible]	[illegible]	6
187. The [illegible]	2.19	2.11	[illegible]	[illegible]	8

[illegible] Importance of Two Hundred Essentials of Chemistry—*Continued*

[illegible] by hydrolysis	2.49	2.47	2.49	107	6
[illegible] proteins are [illegible] proteins	2.13	2.11	2.13	159	8
[illegible] proteins are ob- [illegible] other two [illegible] by the ac- [illegible] alkalies, heat,	2.29	2.26	2.27	138	7
[illegible] are synthe- [illegible] tissues to form [illegible]	2.64	2.47	2.54	94	5
XVI. *Digestion*					
[illegible] supply energy, repair [illegible] and provide for [illegible]	2.95	3.00	2.98	2	1
[illegible] food before ab- [illegible] undergo a [illegible]	2.82	2.68	2.74	57	3
[illegible] of chemi- [illegible] the body after [illegible] and is both [illegible]	2.95	3.00	2.98	1	1
[illegible] both [illegible] and chemical [illegible]	2.95	2.98	2.97	3	1
[illegible] in the [illegible] certain [illegible]	2.95	2.90	2.92	9	1
[illegible] of the [illegible]	2.93	2.88	2.90	13	1
[illegible] of the [illegible] which [illegible]	2.93	2.90	2.91	11	1
[illegible] juice [illegible]	2.91	2.87	2.87	17	1
[illegible] juice [illegible] the pro- [illegible]	2.86	2.90	2.88	18	1
[illegible] is [illegible] by [illegible] and pad- [illegible]	2.86	2.92	2.98	6	1

[illegible] to the New State [illegible] in Tennessee

[illegible] making possible the cooperation of educational authorities in the use of educational facilities, [illegible] to the state, [illegible] in young [illegible] that we are [illegible] State League formed. [illegible] the work of [illegible] and we are happy that the new League is now ready to [illegible] the opportunities of Tennessee as never before.

Department of Red Cross Nursing

DEPARTMENT EDITOR: CLARA D. NOYES, DIRECTOR, NURSING SERVICE, AMERICAN RED CROSS

Red Cross Contribution to Nurse Education

NURSE educators and others have quite generally conceded that the Red Cross, through adhering to a high as well as stable standard for enrollment in its Nursing Service, has made a notable contribution toward improved educational standards, and in the final analysis to the better care of the sick as well as in the preventive field. This is not only true as far as requirements for enrollment are concerned, but also where the selection and appointment of Red Cross public health nurses, or Red Cross nurse teachers of its courses in Home Hygiene and Care of the Sick, is concerned, as applicants for any type of Red Cross work must meet Red Cross standards.

It is a matter of daily occurrence to receive communications from individuals, national and international organizations seeking advice and assistance on questions concerning nurse education, organization of schools of nursing and public health nursing services as well as methods employed in developing and maintaining our enrollment of nurses.

American Red Cross nurses may be found in practically every country of the world. Though they may not be employed by the American Red Cross, many have been selected or recommended by the organization. Annual reports from these widely distributed nurses are promptly returned and, like their letters, indicate their devotion to the ideals of the Red Cross. In order that the Red Cross may continue to merit the confidence and respect of the public as well as to continue its mission of upholding educational standards, opportunities for safeguarding its standards are constantly considered.

The National Committee on Red Cross Nursing Service, at its last meeting, recommended certain modifications of evaluating the length and contents of affiliating and postgraduate courses for applicants from schools falling below the minimum standard for enrollment. As a result a more flexible schedule was adopted. This appeared in the Red Cross Department in the September issue of the *American Journal of Nursing* and is already attracting attention.

The list of accredited schools published by the American Nurses' Association is invaluable to the Red Cross and has been constantly used in checking applications from graduate nurses. So far it is almost the only source of information, although checking with state boards of examiners and schools is employed.

In the past, if an accredited school stated it had a daily average of fifty [illegible] credited for by the [illegible] she graduated, as well as her [illegible]

[illegible] was usually enrolled [illegible]

[illegible] does not always follow [illegible] of a listed course [illegible] adequately a [illegible] Cross enrollment. For [illegible] graduates for several [illegible] school which appeared to meet all Red Cross requirements were enrolled. A director of nursing education for the state was secured. Her first visit to this particular school revealed the fact that only seven beds for children were maintained, these being used for surgical cases—mainly [illegible] tonsils. A difficult question [illegible] arose. Should the Red Cross continue to enroll nurses because it had in the past, or should it [illegible] information received [illegible] of Nursing? If it [illegible] would naturally [illegible] discriminated [illegible] graduates in the past [illegible]. The trustees of [illegible] took up the matter. They [illegible] for a reversal of [illegible] the part of the Red Cross. If [illegible] graduates were considered [illegible] for enrollment, why not [illegible] recent years? Quite [illegible] that they had, [illegible] raised the [illegible] through the [illegible]—because [illegible] that in the [illegible] of providing [illegible] in pediatrics. [illegible] school wishing to [illegible] Rural Public [illegible] where a [illegible] of children [illegible] would be [illegible] prepared. In [illegible] as this the [illegible] Committee is [illegible] among its members [illegible] education and [illegible] the best type of advice is available. In this particular question it has been decided, upon the advice of this Committee, that the training in pediatrics is inadequate and that recent graduates should not be accepted unless they had had the advantage of a three months' affiliation in pediatrics in a well established institution. In such ways as this the Red Cross exercises far reaching influence upon educational standards. Many illustrations could be given but this will suffice to prove the point.

Nursing Field Representatives for Western Pennsylvania, Maryland, and California

MARIE PETERSON, graduate of the Illinois Training School for Nurses, Chicago, Illinois, has been appointed Nursing Field Representative for Western Pennsylvania and part of Maryland. Calista Crown, graduate of Peter Bent Brigham Hospital School of Nursing, Boston, Massachusetts, has been appointed Nursing Field Representative for California. Both of these appointees have served as Chapter nurses, teaching Home Hygiene and Care of the Sick and engaged in public health nursing. They, therefore, come well qualified for this wider Red Cross responsibility.

Enrollments Annulled

THE enrollments of the following Red Cross nurses have been annulled, but their appointment cards and badges have not been returned. It is to be noted that appointment cards and badges always remain the property of National Headquarters and their return is requested when enrollment is annulled: Anna [illegible], Mrs. [illegible] Hoffman, Electa [illegible], Elizabeth Catherine Hughes, [illegible] Hughes, [illegible] Marion Hughes, Mrs. [illegible], née Hill, Irene [illegible], [illegible] Husted, Pearl [illegible], [illegible] Mae [illegible], Helen [illegible], [illegible], Beatrice M. [illegible], [illegible], Mrs. John Jay, née [illegible] Ann [illegible].

Student Nurses' Page

What To Do in Case of Fire

FLORENCE VIVIAN BENZING

Deaconess Hospital School for Nurses, Cincinnati, Ohio

THE Deaconess Hospital, in Cincinnati, is composed of two parts, one old and the other new. The new building is of fire-resisting construction, but the older part is in the style of thirty years ago, with wood floors and trim which would readily burn if a blaze were to gain headway. In this older section, however, every precaution has been taken to keep fire from spreading and the stairways have been enclosed to prevent smoke from getting access to other floors. Chemical fire extinguishers are placed at convenient points, a larger number of them in the old building, where the need is greater. Fire hose is also at hand, and may be put into play by turning the valve which releases the water. Typed instructions, telling what to do in case of fire, hang on the wall near each length of hose, and all students are expected to become familiar with these instructions.

If a fire should occur, the supervisor would assume command. In her absence this duty would fall to the senior nurse. The first thing to be done is to notify the telephone operator as to the exact location of the fire. The operator, in turn, will report the fire to the city fire department. If, for any reason, there is not an immediate reply from the switchboard, a student should go at once to the nearest fire-alarm box, which is just across Clifton Avenue, and there turn in the alarm.

After a fire has been reported, in the old building, the students should begin moving patients into the new, or fireproof, part. Patients farthest from the point of safety; that is, the place where the new hall meets the old, should be taken out first. Beds can be wheeled through the doorway, except in one wing, and here patients must be transferred to stretchers and wheelchairs, or carried out in the arms. While some students are moving patients, others should use the chemical fire extinguishers and the hose.

When all the patients have been taken out, the fireproof curtain between the two buildings should be dropped, to shut off the burning section from the part to which the patients have been removed. This curtain is held in place by a chain, [illegible] if left [illegible] sufficiently [illegible] the [illegible]

[illegible] build-ing, [illegible] for [illegible] has [illegible] would use the fire extinguishers [illegible] this [illegible] of the hospital each room constitutes a fire-resisting unit.

It is of great importance for a nurse to assure her patients that they are being protected, and so lessen, if possible, the sense of anxiety and fear which is the inevitable result of helplessness in a time of danger. Above all, nurses must remain calm, so as to act wisely, as well as quickly, in case of fire.

A Changed Point of View

UPON arriving at Sheppard and Pratt Hospital (for mental patients) I had no definite idea as to what was in store for me. After hearing the discussions of the different girls who had already been here, I was somewhat bewildered. The assurance of "Oh, you will like the work; I was just crazy about it," was a consolation which was handed me often, when Sheppard was mentioned; but upon varying this statement with some of the crude tales told me, I was somewhat inclined to wonder just how well I should like the work and how I should get along in my course.

I had pictured a hospital of the most peculiar type, with few activities other than raving and crying, where the hardest job for the nurse was to keep out of the way of flying furniture and to dodge the kicks and blows of outraged patients. Therefore, of course I had a decided feeling of fear and curiosity as well as the desire to learn for myself just why mentally ill patients were so vastly different from normal people.

My few months here at Sheppard and Pratt Hospital have changed my opinion of mentally ill patients. They no longer are a curiosity to me, but are regarded as unfortunate beings who are ill because of some difficulty to which they have not been able to adjust themselves. My course has given me a keener insight and a more sympathetic understanding. It has taught me the importance of keen observation of small details; the necessity of keeping cool-tempered; of keeping quiet when angry; of trying to avoid wrong impressions; of being alert and prepared for emergency at any time; and it has changed my feeling of fear to one of interest and determination to learn more.

* * *

A Freshman's Tribute

A SENIOR stood on a railroad track,
The train was coming fast;
The train stepped off the railroad track
To let the senior pass.

Progress Notes, Atlantic City Hospital.

The Open Forum

[illegible]

The Trials of a Private Duty Nurse

BEHIND the scenes in a play what a strange story [illegible]

[illegible]

a human life. I am surprised that the medical [illegible] such [illegible] con- [illegible] the ex- [illegible] and [illegible] humanity, [illegible] and [illegible] of [illegible] in [illegible] a living. [illegible] the [illegible] not [illegible]

"One of Them"

Oklahoma.

Information Wanted

INFORMATION is urgently desired as to the present address of [illegible] N. Allen, [illegible] Washington [illegible] served in [illegible] a Red Cross nurse. [illegible] may have [illegible] or nun. [illegible] ill [illegible] her. [illegible] Avenue, [illegible] informa- tion [illegible] communicate with [illegible] at the same address.

A Substitute for Special Duty

IN [illegible] Journal [illegible] [illegible] had [illegible] had [illegible] of [illegible] be [illegible] year. [illegible] on [illegible] that [illegible]

[illegible]

Day nurses on duty, 7 a.m.; off duty, 6.30 p.m.

[illegible] on duty, 3.30 p.m.; off duty, [illegible] p.m. to 3.30 p.m. [illegible] for a patient desiring con-[illegible] nursing care; [illegible] are $6 per day, [illegible] the length of day, with [illegible] and quaran-[illegible] are $6 and $7 respectively. [illegible] quite successful, and [illegible] they are relieved of much [illegible] It is not what we hoped for and still [illegible] We have eliminated the sliding [illegible] nurses to remain on [illegible] charge extra for it; if they [illegible] for the same as the ten and one-half hour day.

F. C.

California

A Life-Saving Device Needed

I HAVE [illegible] the bitterest [illegible] of my life in losing a year-old [illegible] by catching [illegible] of a crossed bed. The [illegible] for such beds [illegible] every [illegible] I have [illegible] and to child [illegible] hoping [illegible] The need [illegible] to me very [illegible] would securely fasten the [illegible] it or not.

G. B. M.

[illegible]

Too Many Nurses in West Palm Beach

[illegible] STATE NURSES' ASSOCIA-TION [illegible] wishes to advise [illegible] a sufficient number of [illegible] West Palm Beaches to care for [illegible] the coming season.

M. L. B.

Florida

And in T[illegible]

[illegible] Florida State Nurses' [illegible]

M. D. T.

[illegible]

And in St. Petersburg

WARNING to nurses not to come to St. Petersburg; too many here now. Under the new law an occupational tax of $15 a year is necessary in order to be eligible to nurse in this state.

I. V. R.

Florida

And in Tucson

PLEASE do not come to Tucson expecting to find work. Our registrar reports only six weeks of fairly good work last winter. There were usually a third of those on the registry on call and now three-fifths of the nurses are waiting for work.

N. J. C.

Arizona

Journals *Wanted*

THE Michigan State Nurses' Association desires the following copies of the *Journal* (Address Olive Sewall, Room 206, Capitol Savings Bldg., Lansing, Mich.): 1900, complete; 1901, January through April, June through September; 1902 through 1906, complete; 1907, January through May, July through September; 1908 through 1909, complete; 1910, January through August, October and December; 1911, January, April through June, August through December; 1912, complete; 1913, February through June, August and September; 1914, February through August, October and November; 1915, complete; 1916, January through July, October; 1917, February through April, June through September, November and December; 1918, February through December.

[illegible], City Hospital, Akron, Ohio, needs copies of the *Journal* for 1915, June; 1916, February, September. She will pay for the magazines and postage.

Journals on *Hand*

WINIFRED C. CAMPBELL, South Side Unit, Youngstown Hospital, Youngstown, Ohio, will give away for the price of postage: 1922, August, October, December; 1923, all but January and February, 1924, all but January; 1926, complete; 1927, February; 1928, May and August; 1929, July.

Many old copies of the *Journal* from 1919, on, have been given to the *Journal* by the W. B. Saunders Company. Copies needed may be had, while they last, by sending postage, ten cents a copy, to Mr. W. S. Slack, Drexel Building, Philadelphia, Pa.

Miscellany

Sophie Mannerheim

Excerpts from a Memoir by Berta Edelfelt

FEW people of her distinction have been so unassuming as Sophie Mannerheim, though it would be difficult to find any more [illegible] worthy to appear in the Finnish [illegible], if the word "peer" be taken in its highest sense of a refinement which is the product of centuries of cultivation and long years of inherited culture, both of mind and body.

. . . . .

St. Martin won his sainthood by giving half his cloak to a beggar; Sophie Mannerheim would have given not only the whole cloak but all her worldly possessions [illegible] the peace of her nights and [illegible] of her days if anyone were in need. When she came upon some tragic incident in life, she never said, "How terrible [illegible]," [illegible] "What can be done to help? What can I do?" And in the same breath [illegible] ready and [illegible] and very often help found. [illegible] came to know intimately.

Eva Charlotta Lovisa Sofia Mannerheim, daughter of Count Carl Robert Mannerheim and his wife [illegible], was born on December [illegible], in Helsingfors, but she spent her childhood on the family estate at Villnäs, in the south of Finland. [illegible] this place [illegible] old [illegible] pictures of [illegible] . . . [illegible] where she had [illegible] open [illegible], North Pole [illegible] and another, the wife of [illegible] Lovisa.

When she was [illegible] her [illegible] back to Finland [illegible] time when Ibsen and [illegible] height of their fame. The old [illegible] and girls belonging to the highest families in the land were going out into the world, if not like Nora to educate themselves, at any rate to carve out an independent career. It caused a certain amount of sensation when Count Mannerheim's daughter took a post first in the Statistical Department of the Customs Office and later [illegible] in a large bank. [illegible] was in the air and even the older generation admitted that she had courage and [illegible] soon [illegible] her [illegible] won [illegible].

[illegible] abroad with [illegible] Kar-[illegible] family, [illegible] and [illegible] found [illegible] family [illegible] to receive her. [illegible] and married [illegible] and [illegible] of [illegible] a few [illegible] the day, [illegible] London, [illegible] turning point in her life.

. . . . .

In [illegible] she came home to Finland, lived for a [illegible] served as a nurse in [illegible] of the [illegible] The old [illegible]

[illegible] for nurses was gradually ex[illegible] a three years' course with a four [illegible] course and a carefully [illegible] for the practical and [illegible] night duty was [illegible] more staff was [illegible] living condi[illegible] and salaries and pen[illegible]. The long cherished hope [illegible] be possible to organize [illegible] for patients who had to [illegible] in the hospital, technical [illegible] and social subjects for [illegible] realized as the result of [illegible] energy and generosity. [illegible] the expenses of the first courses [illegible].)

. . . . .

Sophie Mannerheim's sphere of activity [illegible] like the ever broadening, [illegible] on the water where a [illegible]. It was now not the [illegible] though it had always [illegible] her heart, that took her [illegible]. There was the students' [illegible] the convalescent [illegible] home for nurses, the [illegible] she had instituted, and [illegible] were published [illegible]. She had consistently [illegible] foreign countries [illegible] the International [illegible] representatives to [illegible] of Europe and [illegible] and her [illegible] and the [illegible] loyal [illegible] she worked first and foremost for the good of humanity and secondly for the glory of Finland. She loved her country far beyond all thought of politics, she loved the very earth, the very people, and wanted her country to distinguish itself in every possible way. She, too, shared in the general enthusiasm for the war of freedom, she more than any other, for it was her own brother who led the White Army to victory, and the 16th of May, 1918, was certainly the happiest day of her life. During the post-war years, when there was neither food nor money, she worked as one inspired.

. . . . .

Sophie Mannerheim had the good fortune to see the fruits of much of her work during her lifetime. Honors were showered upon her. She received the Florence Nightingale Medal and also Finland's White Rose. She was President of the International Council of Nurses and Chairman of the Advisory Committee on Nursing of the League of Red Cross Societies. She was further honored by a request to set up a school of nursing in Paris entirely upon her own lines. Unlimited funds had been promised from America for this great undertaking which aroused her deepest interest but which, unfortunately, was never carried out because she became seriously ill and the whole plan had been based exclusively upon confidence in her ability and personality. It was a great disappointment to her to be obliged to refuse and she often thought regretfully, during her last illness, of what might have been done. Here in Finland she was made an honorary member of General Mannerheim's League of Child Welfare and a member of the State Child Welfare Committee.

No other woman in our country has won such general esteem and such high honors. But Sophie Mannerheim thought little of her own work. She knew that much still remained to be done, that the struggle for her ideals was becoming more difficult year by year on account of the changing conditions in the country after the war. But she was undaunted, she had more than enough moral courage and was ever ready to fling herself into the breach in case of need. She knew no fear.

She had many opportunities in her life of showing that she had this unbounded moral courage, the hallmark of breeding, and she also showed great physical courage during the two long and severe illnesses which one after the other finally wore away her strength so that on January 9, 1928, she bade farewell to the life she had so much loved, life in the service of humanity.

[illegible]

Abstracts

[illegible]

The Catholic Hospital Association

REV. ALPHONSE M. SCHWITALLA, S.J.

THE Fifteenth Annual Convention of the Catholic Hospital Association of the United States and Canada met at the Catholic University of America, September 2–5, [illegible].

This was undoubtedly, one of the most successful conventions ever held by the Association. About four hundred hospitals were represented. The papers were of more than ordinary merit. The participation of authorities from the hospital, the medical, the nursing, the social service, and other fields was noteworthy. The importance of the newer developments in nursing was touched upon in some form or another in every one of the general meetings and in several of the sectional meetings.

The President, in his opening address, called attention to nursing problems, first of all, in their relation to Religious Orders of Sisters who conduct the Catholic hospitals, and, secondly, in relation to the schools of nursing conducted by the hospitals. Concerning the first point the President said: "The continued success of our hospitals cannot be assured unless we have a steady supply of religious vocations and unless novices pour in [illegible] numbers into the novitiates of our nursing Sisterhoods." [illegible] a careful study of the [illegible] an adequate supply of ap[illegible]. Continuing [illegible] phase of the nursing [illegible] of the Catholic institutions [illegible] said:

> [illegible] must concern themselves [illegible] the education of the lay [illegible] the distinction both administratively, educationally, and spiritually between the development of the lay nurse and the Sister-nurse. . . . Our schools of nursing have ceased to be merely training schools, they are becoming more and more strictly comparable to our colleges for women. And, therefore, in addition to the old problems faced by our directresses of nurses and other officials, we have the new problems centering in women's education to understand and to solve.

The President recommended a study of the nursing schools and Catholic institutions.

> I would not counsel that we undertake a study which will overlap the study of the Grading Committee. I would rather use the findings of the Grading Committee as basis to a further study of our Catholic institutions with special reference first to the collegiate ideal and secondly to the development of these schools for the Sister student nurse.

These remarks culminated in two resolutions which were adopted in the final session of the Association upon recommendation of the Executive Board. The first of these resolutions called for the establishment immediately of a committee to take active steps for the promotion of the study of the adequacy of the number of religious vocations to the nursing Sisterhoods. The second of these resolutions reads as follows:

> BE IT FURTHER RESOLVED, that this Association undertake, as soon as the project can be adequately financed, a study of nursing education in our Catholic institutions with special reference to the ideal of an administrative separation of our schools of nursing from the hospitals to which these schools are attached; that this Association express its satisfaction over the progress and aims of the Grading Committee, and express at the same time its hope concerning the great benefit to the profession of nursing which is expected to result from the work of this committee.

In the sectional meeting on Tuesday afternoon, which dealt with the problem of "The Education of Hospital Directors," the problems of the nurse's life within the hospital were constantly kept in mind. On this same afternoon a special meeting was devoted to the question of Nursing Education. The meeting was presided over by the Reverend [illegible] Moloney, S.J., Regent of Loyola University School of Medicine. Sister M. [illegible] of St. Anthony's Hospital, St. Louis, presented a survey paper on "The Catholic Hospital in the History of Nursing Education." With the [illegible] of an enthusiast she selected features from the earliest days of Christian life to the present to illustrate the point that the whole history of nursing education is inspired by religious devotion and sacrifice. Sister M. Aloysius, the Dean of St. Thomas's College, Winona, Minnesota, presented a most helpful paper full of suggestions which she called "New Lamps." She pleaded for the establishment of a central medical school with a central school of nursing "as a woman's project."

"This Catholic Central College for Nurses should be entirely independent of any hospital in the [illegible] while maintaining affiliations with all of them. . . . The existence of one such institution in the country would add immeasurably to the academic and professional prestige of our Catholic hospitals and nursing schools and it would [illegible] school.

Dr. E. Lee Shrader, Director of the Student Health Service at St. Louis University and Instructor in Case Study at the same university, read a paper on "Teaching Methods in Case Study." This paper well deserves very careful perusal for it lays down in a most practical and yet definite way the aims and purposes of case studies. Dr. Shrader pleaded for greater freedom in the presentation of case studies, a latitude for the individual nurse "to tell her story in her own way." While the author conceded that in many cases a predetermined form had best be used in the beginning of the nurse's approach to this subject, he also recognized the fact that in the course of time the individual initiative of the nurse should be allotted the fullest play.

There is a certain amount of the detective in all of us. . . . In all of us there is a certain tendency, a certain thrill in attempting to understand the unknown and explain it, to know the reason why and to apply the remedy. This is in a sense the true scientific spirit. The spirit of scientific nursing is the [illegible] application of the remedy in detail in the care of the sick. If the nurse understands the scientific spirit which is one of the great moving forces in medicine, she can carry out much more intelligently her part of this scientific endeavor as it is applied in the care of the sick. The case study method of teaching is the practical application of this spirit.

Sister M. Berchmans, Superintendent, St. Elizabeth's Hospital, Lafayette, Indiana, next touched upon one of the most difficult of the problems discussed at this convention, "The Special Problems of the Sister Student Nurse." Sister Berchmans called attention to the fact that the outstanding problems which, in her opinion, confront the sister student body today [illegible] of all, in the moral, social, [illegible] be [illegible] ogy for Nurses," read a paper on [illegible] of Psychology for the Student [illegible]." Father Barrett is lecturer [illegible] Psychology in St. Francis [illegible], Hartford, Connecticut. He pointed out that, from the viewpoint of the training school superintendent, the practical consequences of the study of psychology are numerous. An insight into the data of consciousness, into the nature and operations of the mind, and into the mental abnormalities [illegible] behavior are a practical preparation for every nurse.

The general meeting on Wednesday morning was given over to the study of "The Religious Life of the Hospital." In the sectional meeting of Wednesday afternoon, several nursing problems were again touched upon, professedly or casually. The Reverend Karl J. Alter's paper on "Relation of Hospital Social Service to Other Fields of Social Service," Irene Morris' on "The Medical Social Service Curriculum," Ida Cannon's on "Social Service and the Medical Specialties," as well as the other papers, all contained suggestive and valuable material to nurses. The other two sectional meetings devoted themselves to the "Hospital Records and the Medical Library" and to "Staff Organization and Procedure."

During the general meeting on Thursday morning, in which the "Life of the Hospital within the Community" was discussed, Sister M. Clar-[illegible] of Nazareth College, [illegible], in her paper on "[illegible] of the Teaching Sister [illegible] Sister" took occasion [illegible] the importance of [illegible] to the nursing Sister [illegible] duties. Sister M. [illegible] paper, [illegible] the situation which she [illegible] be developed in the future. [illegible] the nursing Sister and [illegible] study psychology, [illegible] sociology, pursue courses in English and in foreign languages, perform experiments in the biological and chemical laboratories, and in class and outside of it they may discuss freely both their common and their divergent interests."

The concluding general meeting on Friday morning was devoted entirely to schools of nursing. Father Mahan, of Loyola University, presented the first paper on the "Relation of the School of Nursing to the Hospital."

> The most important modification of this relation which I would suggest is that the school be granted a certain degree of independence and autonomy both in authority and in finances. . . . The second modification, regarding the service of the student nurse to the patients—the directress or dean of the school must be a college graduate. She must have a good pedagogical training and she must have a fair acquaintance with what is being done in some of the best schools, either by experience or by observation. She must have two full-time instructors with qualifications equal to her own.

Sister M. Brendan, of St. John's Hospital, St. Louis, then read a summary of the complex relationship existing between St. Louis University, on the one hand, and three of the nursing schools in St. Louis, on the other hand. Sister Brendan said:

> At present, as a result of this relationship, the students take their academic work more seriously, they have a truer sense of their own importance, they need less correction in the halls as they seem to carry over methods learned in the science laboratories to their methods in nursing technic. The interest of the graduate nurse is stimulated by the progressive educational policies adopted and she is attracted by the courses offered to graduates.

The difficult problem of "School Administration for the Education Director," was discussed by Sister Helen Jarrell, of St. Bernard's Hospital, Chicago. She concluded with a note of optimism.

Sister M. Giles, Superintendent of Nurses of St. Joseph's Hospital, Kansas City, Missouri, contributed to the vexing question of "Central Schools of Nursing."

I [illegible]

Sister C. [illegible] [illegible] presented briefly "The [illegible] of the Work of the Grading Committee." Her remarks [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] January by the [illegible] [illegible] the various [illegible] [illegible] the Grading Committee [illegible] [illegible] the nursing [illegible] [illegible] [illegible] ligations, moral and financial, for assuring the continuation of the work of the Grading Committee." The last speaker on nursing problems at that morning's session was Mary T. [illegible]ling, who commended the work of the International Catholic Federation of Nurses. She showed what had been accomplished and what the Federation still expects to do. The question of the relation between the Federation and the Catholic Hospital Association, of which the Federation is [illegible], has long been under discussion. It may be hoped, however, that the problem is at last solved, for both the Federation and the Catholic Hospital Association have [illegible] themselves to certain fundamental principles. These principles are [illegible] in the resolution [illegible] by the Executive Board of the Catholic Hospital Association and approved by the Association. It reads as follows:

Be It Further Resolved, that the Association pledge its [illegible] cooperation with the International Catholic Federation of Nurses [illegible] with the [illegible] of [illegible] by the Executive Board and by the [illegible] of this Association [illegible].

[illegible] [illegible]

Concerning the [illegible] relationship between the Catholic Hospital Association and the International Catholic Federation of Nurses:

1. The [illegible] should be one of [illegible] and active cooperation [illegible] [illegible] over- [illegible] of the [illegible] through [illegible] through [illegible] student [illegible] Catholic Schools of Nursing.

2. [illegible] sphere of influence of the Catholic Hospital Association will be [illegible] of nursing, [illegible] responsibility [illegible] and de- [illegible] developed in [illegible] ethical and [illegible].

3. The [illegible] sphere of influence of the International Catholic Federation of Nurses will be the graduate nurse, with [illegible] to her spiritual and social [illegible] and to her educational development, [illegible] as far as this can be promoted independently of the schools of nursing.

From this summary it may be seen that practically one fifth of the papers presented at the Catholic Hospital Association [illegible] have had some bearing on nursing problems. That [illegible] the [illegible] the [illegible] ap- [illegible] in [illegible] [illegible] of [illegible] of the Catholic Hospital Association.

News

[illegible] items should be typed, if possible, double space, or written plainly, [illegible] proper names. All items should be sent before the 15th of the month preceding publication

The American Nurses' Association

[illegible]

The Proceedings of the Twenty-seventh Convention of the American Nurses' Association [illegible] and now are available [illegible] for the price of 75 cents. [illegible] date of [illegible] and we are [illegible] ready for the [illegible] of course, [illegible] data for any [illegible] or alumnae [illegible]. It is most [illegible]. But this [illegible] of particular [illegible] because the [illegible] Convention [illegible]. Un- [illegible]

[illegible] Constitution and By-Laws [illegible] American Nurses' Association

[illegible] Constitution and By-Laws [illegible] have been [illegible] at the Biennial Meeting in June, 1930, and are ready for distribution. As has heretofore been the custom, a supply has been offered to the state associations sufficient to permit distribution as indicated below:

- One copy for President's Portfolio.
- One copy for each of the following *state association officers:* President, Secretary, Treasurer.
- One copy for each of the following *district association officers:* President, Secretary.
- One copy for each alumnae association president.

Additional copies may be had at 10 cents each or, if ordered in lots of 100 or more, at 8 cents, by writing to Headquarters.

THE A. N. A. ANSWERS QUESTIONS

Sometimes Headquarters feels as if it were buried in a mass of correspondence. Sometimes it seems impossible to keep pace in answering letters, with more letters constantly appearing to be answered. The Headquarters staff, need it be said, is ever so happy to have it this way. For the more questions are asked of Headquarters, the more surely the American Nurses' Association is going to be aware of the problems and seek the answers for the nurses in the states. It seems to Headquarters, moreover, that some of these questions may be perplexing more nurses than that individual who wrote her problem to her national office.

So beginning herewith, we are publishing each month in this column some of the queries that come to us and some of the answers given. Here are a few of the definitions and paragraphs of information:

What is an Official Registry? "At the present time, the only requirements for an official registry are (1) that the registry be conducted under the auspices of an association affiliated with the American Nurses' Association; (2) that the registrar be on a salary. Therefore, if the registrar of your official registry is being paid a salary, and if the registry is conducted by an association such as that described, we suggest that the secretary of your district association write to the secretary of your state association, and request that notice that the registry meets the aforementioned requirements [illegible] in the *American Journal of Nursing*. The registry will then be listed in that publication as an Official Registry."

[illegible]

What is the present form for Alumnae Constitution and By-Laws recommended by the American Nurses' Association? We have available at Headquarters a complete set of forms as follows:

"Form of Application for Membership of Alumnae Association.

"Suggested Procedure to Form an Alumnae Association. Model Form for Alumnae Constitution and By-Laws.

"Form of Application for Membership of District Association.

"Proposed Constitution and By-Laws for District Associations of a State."

* * *

Nurses' Relief Fund

REPORT FOR MONTH ENDING AUG. 31, 1930

Receipts

Interest on investments	[illegible]
Interest on bank balance	10.[illegible]

Contributions

Arkansas: District [illegible]	[illegible]
California: State Assn.	[illegible]
District of Columbia: individual member	2.00
Florida: District 5	[illegible]
Georgia: State Assn., [illegible] Alumnae Assn., Atlanta, [illegible]	[illegible]
Missouri: University Hospital Alumnae Assn.	$11.00
[illegible]	115.00
[illegible]	165.00
[illegible]	3.00
[illegible]	300.00
Total contributions	$760.55
Total receipts	$[illegible]

Disbursements

Paid to [illegible] beneficiaries	$[illegible].00
[illegible]	65.00
[illegible]	1.00
Total disbursements	$[illegible].00
Balance [illegible]	$[illegible].13

Through the settlement of the estate of [illegible] White, late of [illegible], Pa., the principal of the Fund has been increased by a [illegible] in cash (to be invested by the [illegible] Committee) and [illegible] bonds.

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent either to the person who collects your dues or to the local Relief Fund Chairman. The method of collection of contributions varies in the different states. Your district president or secretary can tell you to whom your checks should be sent. For application blanks for beneficiaries, apply to your own district or state association, or to your state chairman. For leaflets and other information, address the state chairman, or the [illegible] of the American Nurses' Association, Headquarters, 370 Seventh Avenue, New York City.

* * *

The Isabel Hampton Robb Memorial Fund

REPORT TO SEPTEMBER 11, 1930

Previously acknowledged	$[illegible]

Contributions

[illegible]	[illegible]
Wyoming State Assn.	[illegible]
Total	$[illegible]

MARY M. [illegible], Treasurer.

[illegible] Loan Fund

[illegible] September 11, 1930

[illegible]	$[illegible].32
[illegible]	.33

Contributions

[illegible] 5, $25; Detroit 5, $10; St. [illegible] Hospital Alumnae Assn., [illegible]	25.00
[illegible]	10.00
Total	$1,116.65

Disbursements

Four loans of $200 each	$800.00
One loan of $100	100.00
	$900.00
September 11, Balance	$116.65

Mary M. Riddle, *Treasurer.*

Scholarships are awarded once a year in the spring. Loans are made to approved candidates when the state of the treasury warrants. Contributions are greatly needed, especially to the [illegible] Loan Fund, as there is a list of waiting applicants.

Contributions for either fund may be addressed to the Treasurer, Mary M. Riddle, Care American Journal of Nursing, 370 Seventh Avenue, New York. For application blanks, address the Secretary, Katharine DeWitt, at the same address.

◆

Army Nurse Corps

During the month of August, 1930, orders were issued for the transfer of members of the Army Nurse Corps to the stations indicated: To [illegible] General Hospital, [illegible] 2nd Lieut. Ola W. Grant; to [illegible] General Hospital, Denver, Colo., 2nd Lieut. [illegible]; to Letterman General Hospital, San Francisco, Calif., 1st Lieut. [illegible], Chief Nurse, 2nd Lieut. [illegible], Catherine I. Duffey, [illegible]; to Walter Reed General Hospital, Washington, D. C., 1st Lieut. [illegible], Chief Nurse, 2nd Lieuts. [illegible], Mary Miller, Elsie [illegible] A. [illegible], Ruby [illegible] Clark; to the Hawaiian [illegible] Louise [illegible], [illegible] Whitney; to the [illegible], 1st Lieut. Clara E. [illegible], 2nd Lieuts. Ida May [illegible] C. Thompson.

[illegible] to the Corps, as Second Lieutenants: [illegible] O'[illegible], Jeanne E. McKusick, Queenie Kennedy, Frieda A. Montgomery, Ava Lee Morrison, Muriel E. Devereaux, Lillian I. Pease, Vera L. Kakac, Alice E. Moore, Maxine M. McCaffery, Esther M. Hougan, Madeline M. Bahl, Nancie Allen, Katherine C. Kocyan, and Roma Kilgore.

Julia C. Stimson,
Major, Army Nurse Corps,
Superintendent.

◆

Navy Nurse Corps

During the month of August, eight nurses have been appointed and assigned to duty.

The following transfers were made: to Chelsea Mass., Mary P. Leader, Chief Nurse; to Great Lakes, Ill., Ruth Abrams, Lydia B. Ranson, Anna W. Gray; to League Island, Pa., Mary L. Bonner; to Mare Island, Calif., Orla E. Maley; to Norfolk, Va., Helen L. McKenzie, Chief Nurse, Francis D. Johnson; to Dispensary, Navy Yard, New York, Isabella F. Erskine, Chief Nurse; to Dispensary, Pearl Harbor, T. H., Adah M. Pendleton, Chief Nurse; to Parris Island, S. C., Mollie Detweiler, Chief Nurse, Florence V. Cole; to Pensacola, Fla., Mathilda E. Hume, Mary Rose Love; to Portsmouth, N. H., Marian Simmons; to San Diego, Calif., Mary B. Roberts, Kathleen F. Smith; to Washington, D. C., Edith A. Ahlstrom.

The following nurses have been separated from the Service: Mary Anna Allen, Edith Carter, Elizabeth M. Coombs, Sarah F. Herrity, Antoinette M. Kosel, Gertrude Lett, Genevieve Frances Mamel, Lucy Roncelli, Elda Spelts, Martha H. Velo, Anna L. Wheeler.

J. Beatrice Bowman.

◆

U. S. Public Health Service

The following transfers, reinstatements, and new assignments have been made in the U. S. Public Health Service during the month of August, 1930:

Transfers: to U. S. Penitentiary, Atlanta, Ga., Clara Schmidt, Chief Nurse, Jennie Allen; to U. S. Penitentiary, Alderson, W. Va., Grace Causey, Chief Nurse, Emma G. Murdison, Gladys Dickinson, Martha Jane Lacy, Vivian Russell, Eleanor Dillon; to U. S. Penitentiary, Leavenworth, Kans., Wilhelmina Henley, Chief Nurse, Claire Furlong, Jessie MacDonald.

[illegible]

New Assignments: [illegible]

[illegible],
Supt. of Nurses, U. S. P. H. S.

United States Veterans Bureau

[illegible]

During the month of August, [illegible]

[illegible]

Supt. Nurses, U. S. V. B.

U. S. Indian Service

[illegible] of August the following [illegible] in the nursing personnel [illegible]

[illegible] B. Rogers, from the [illegible] School, Arizona, to [illegible]

[illegible] D. Gregg,
Supervisor of Nurses.

* * *

Institutes and Special Courses

[illegible] following the meeting [illegible] Nurses' Association, [illegible] a two-day institute, [illegible] under the auspices of the [illegible] Association, [illegible] District Association [illegible] Association. Re[illegible] daily. There will be [illegible] morning and afternoon. [illegible] desiring to attend [illegible] with Lillian Combs, [illegible] Hospital, Emory University.

[illegible] courses for nurses [illegible] New Orleans, were so [illegible] has already [illegible] of the [illegible] League of Nursing [illegible] which [illegible] School of Nursing [illegible] work and gave a [illegible] and one on the [illegible] registered [illegible] for the latter [illegible] of these [illegible]

[illegible] League of [illegible] will hold an institute in [illegible] October 9, 10, [illegible]

[illegible] will be helpful to nurses in any field. The ticket for the course is $3; single sessions, 75 cents.

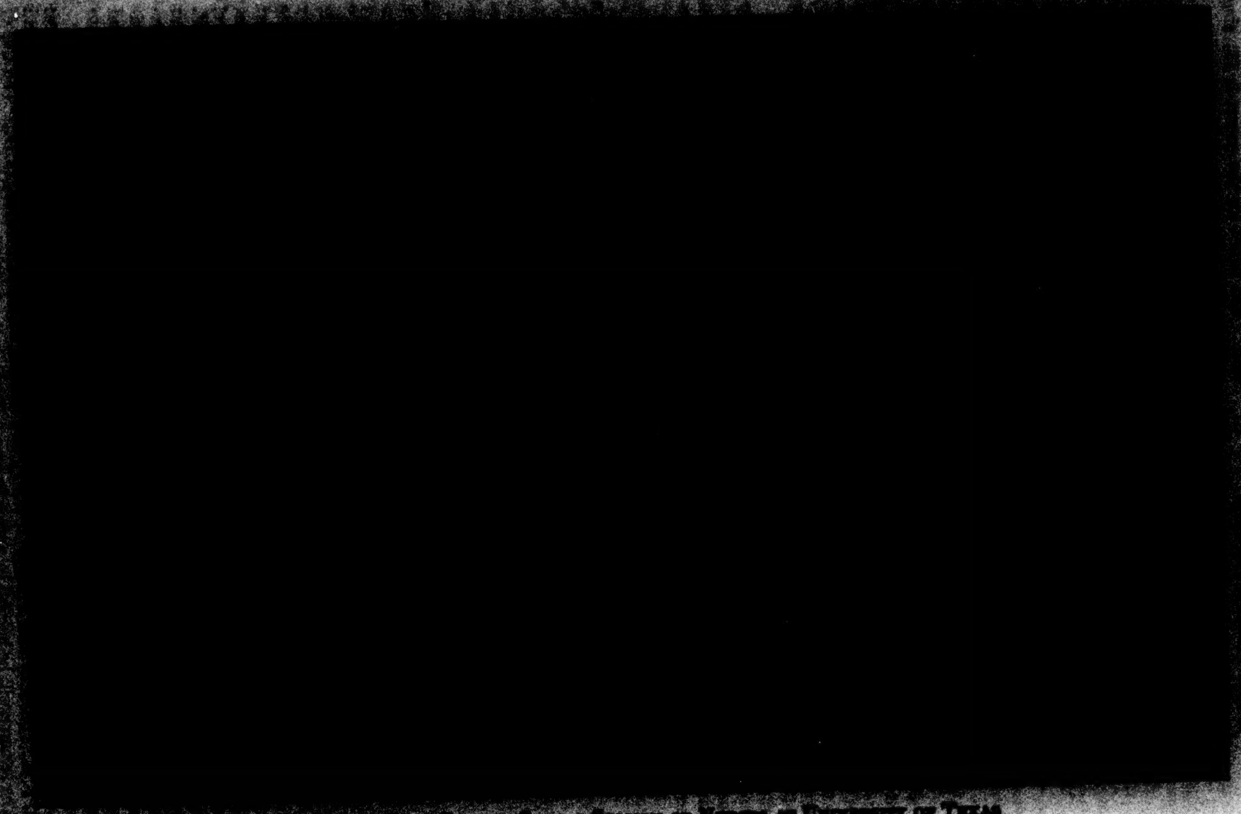
New York: District 14 will hold its annual Institute in Brooklyn, November 19–21. On November 19, 8 p.m., at St. Mary's Hospital, the opening session will be held with an address, "The Philosophy of Learning," by Professor Licht of Columbia University.

Nov. 20, All-day session at Brooklyn State Hospital, subjects: "Mental Hygiene, Nursing in Mental Disease, Syphilology." Evening session at Methodist Hospital, address, "The Spirit of Nursing," Father Garesché. Nov. 21, Demonstrations of nursing procedures at various hospitals in morning and afternoon. 2–4 p.m., At the Methodist Hospital, address, "The Art of Nursing," by Elizabeth C. Burgess of Teachers College. The evening session will include a dramatization of registry activities, of public health nursing, and an address on "The Value of the Annual Health Examination."

Ohio: District 1 held an institute September 4 and 5, in Akron, with the following program: September 4, 1–3 p.m., visits to clinics—baby and tuberculosis. 3.15, Opening session—"Value of Staff Conferences," Flora Booth; Demonstration of a "Tuberculosis Home Visit on an Ambulatory Case," Akron Tuberculosis Clinic nurses; "Modern Methods of Teaching Health to School Children and How the Parents May Coöperate," E. V. Thiehoff, M.D. Evening session, Auditorium—"Tuberculosis" Slide Lecture, C. L. Hyde, M.D.; "Open Window Room," program in Akron Public Schools, Frieda Schweikert.

On Friday at 2.30 p.m., subjects presented were: "Newer Drugs," Sister Alma; "Spinal Anesthesia," Garnet Weisman; "Transportation of Patients," Margaret Norris; "Use of Tannic Acid in the Treatment of Burns," paper and demonstration, Edna Kessel; "Modern Methods of Infant Feeding," Mary Fitzgerald; "Nursing Care of Orthopedic Patients," Lulu Tuttle. At 4.45 three round tables were held: (1) Miss Weston, Chairman, for Principals, Assistants and Instructors, "Teaching Student Nurses"; (2) Mary E. [illegible], Chairman, for Night Supervisors [illegible] "Value of Night Duty to Develop [illegible] and Responsibility"; (3) [illegible], Chairman, for Head Nurses, "Use of Case Study to Correlate Theory with Practice."

At the evening session, subjects were: "Carcinoma of the Breast, Stomach and Uterus," Carl E. Steinke, M.D.; "The Use of Radium and X-Ray in the Treatment of



STUDENTS AT FIRST SUMMER SCHOOL SESSION OF NURSING AT UNIVERSITY OF TEXAS [illegible] Arthur H. Stoll, M.D.; "The [illegible]," T. Harris Boughton, [illegible] on Cancer, issued by the [illegible] for the Control of Cancer.

[illegible] courses in nursing education [illegible] the University of Texas [illegible] the summer session, [illegible] Classes included courses [illegible] teaching and supervision, [illegible] These classes [illegible] a week for the six [illegible] for this first session [illegible] representing [illegible] one, with attendance [illegible] and Louisiana. In [illegible] five Sisters, all [illegible] in the state. [illegible] in the Department [illegible] at Columbia University [illegible] was from the College [illegible] University of Texas, the [illegible] in America, which is [illegible] Hospital, located in Galveston [illegible] were received with [illegible] by the deans of the [illegible] of Women supported [illegible]. The Dean [illegible] in whose department [illegible] was incorporated, was particularly [illegible]. The spirit [illegible] received the [illegible] who had previously served as Dean of the School of Nursing, Baylor University Hospital, Dallas, and Jean Martin White, who had previously served as the first resident instructor in the College of Nursing, John Sealy Hospital, Galveston.

State Boards of Examiners

Alabama: The Nurses' Board of Examination and Registration will hold examination in Birmingham, October 14–15; in Montgomery, October 15–16; in Mobile, October 17–18. Applications may be secured from the Secretary, *Linna H. Denny*, 1320 North 25th Street, Birmingham. All credentials must be in the office before October 1. Kodak pictures will not be accepted.

District of Columbia: The Nurses' Examining Board of the District of Columbia will hold an examination for the registration of nurses, October 14 and 15, 1930, at the Franklin School, 13th and K Streets, N. W., Washington. All applications for examination must be in the office of the Executive Secretary, Bertha E. McAfee, 1746 K Street, N. W., by September 30.

Iowa: The Iowa Board of Nurse Examiners will hold an examination for registration of nurses at the State House, October 30–31.

Kentucky: An examination for graduate nurses will be conducted by the Kentucky Board of Nurse Examiners, in Louisville, on November 17 and 18, 1930. All necessary information and applications may be secured by writing to *Flora E. Keen*, Secretary, Thierman Apt. C-4, Louisville.

Louisiana: The next examination of the Louisiana Nurses' Board of Examiners will be held in New Orleans and in Shreveport, November [illegible] and 12, 1930. For further information, address Julie C. Tebo, Secretary, 1005 Pere Marquette Building, New Orleans.

Maryland: The Maryland State Board of Examiners of Nurses will hold an examination for state registration, October 21, 22, 23, 1930. All applications must be filed not later than October 15 with the Secretary, [illegible], [illegible] Cathedral Street, Baltimore.

New York: The President of the Board of Nurse Examiners, [illegible], has changed her address from Convent of Mercy, Rensselaer, to St. Peter's Hospital, Albany.

North Carolina: The [illegible] Board of Nurse Examiners will hold an examination [illegible] October [illegible] [illegible] All applications [illegible] [illegible] [illegible], [illegible], before October [illegible].

Ohio: The Nurses' [illegible] Committee of Ohio will hold an examination for nurse applicants in Columbus, [illegible] [illegible] and [illegible], 1930. All applications should be made well in advance of this date to the Ohio [illegible], Room [illegible], [illegible] E. Gay Street, Columbus.

Oregon: The Oregon State Board for Examination and Registration of Graduate Nurses will conduct an examination [illegible] Portland, October [illegible] and [illegible]. No applications will be received after the [illegible] day of October. For further information write Grace L. Taylor, Secretary, [illegible] Street, Salem.

Rhode Island: The Rhode Island State Board of Registration of Trained Nurses will conduct examinations for state registration on Thursday and Friday, November [illegible] and [illegible], beginning at 9 a.m., at the Rhode Island College of Education, Providence. Address the Acting Secretary, Lucy C. Ayers, Room [illegible], State House, Providence, for further information and application blanks.

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State Associations

Alabama: The Alabama State Nurses' Association will hold its annual meeting at the Jefferson Davis Hotel, Montgomery, October [illegible]-27.

Arkansas: The Arkansas State Nurses' Association will hold its annual meeting October [illegible] [illegible] that is being [illegible] during the [illegible] time.

Connecticut: The Connecticut State Nurses' Association will hold its fall meeting on October 8, at New Britain.

District of Columbia: The Graduate Nurses' Association of the District of Columbia has made a number of [illegible] changes in the past few months. [illegible] office of executive secretary [illegible] was created, and [illegible] the executive secretary of the Board of Nurse Examiners, was employed to fill the position on a [illegible] [illegible] the [illegible] was [illegible] ap- [illegible] service, [illegible] director. [illegible] which is [illegible] the [illegible] in [illegible] the [illegible] assistants [illegible] tion, [illegible] duty [illegible] The [illegible] of the [illegible] Asso- [illegible] of the [illegible] at [illegible] Street. [illegible] for [illegible] club [illegible] Association of the District of Columbia.

Georgia: The [illegible] annual convention of the Georgia State Nurses' Association will be held in [illegible], October [illegible]-29, [illegible] Miss [illegible] D. C[illegible] [illegible] October [illegible].

[illegible] will open Monday morning. [illegible] in the chair. [illegible] President of the Georgia [illegible] over the League session, [illegible] will conduct the annual [illegible] health nurses. Eva [illegible] will preside over the [illegible] Private Duty Section. Dr. [illegible] the principal speaker, [illegible] effective medical and [illegible] especially as related to rural [illegible] will discuss the relation [illegible] private duty nurse to the [illegible] L. [illegible] and Frances [illegible] will also speak. Mrs. [illegible] on "Making the Most [illegible] Private Duty." Dr. R. C. [illegible] of the Georgia State [illegible] will present a [illegible] Mental Disease Problem in [illegible] for discussion of problems [illegible] with the organization of [illegible] will feature the [illegible] for office nurses, [illegible] who for the first [illegible] under the auspices of [illegible] Marion and [illegible] will be among those [illegible] this session. Mrs. [illegible] will give a [illegible] as Others See Us." [illegible] with Lillian [illegible] of the State Committee, [illegible] of committees being [illegible] delegate to the National [illegible] will give her report. [illegible] Institute will follow [illegible] (See "Institutes.")

[illegible] State Association [illegible] meeting on October 15–17, [illegible] at the Hotel [illegible] as follows: [illegible] and President's [illegible] and business meeting [illegible] 2 p.m., Private [illegible] [illegible]

Afternoon session in charge of the Illinois League of Nursing Education. "The Nurse in Education," William Arthur Maddox, Ph.D., President, Rockford College; "Predicting Success of Students in Schools of Nursing by Tests and Statistical Methods," Professor Jordan Cavan; "Student Health," Ada R. Crocker, St. Luke's Hospital, Chicago; "Annuities for Nurses," Carrie M. Hall, representing the Harmon Association for Advancement of Nursing. 4.30, Tea at Rockford College, V. N. A., and various hospitals. 7 p.m., Banquet, Crystal Room, Nelson Hotel, speaker: Reverend Charles Parker, "The Nurse as a Mental Hygienist."

October 18, 8 a.m., Red Cross breakfast with reports and an address by Louise Kinney. 9.30, Regular session, Janet M. Geister of National Headquarters speaker, address also on "The Medical Service in State Hospitals," Sidney D. Wilgus, M.D. 12.30, Luncheon of the Private Duty Section. Afternoon, Business session.

Iowa: The Iowa State Nurses' Association will hold its annual meeting in Burlington, October 8–10. The annual meeting of the Iowa League of Nursing Education will convene October 7, at Burlington, preceding the annual meeting of the Iowa State Association of Registered Nurses. Subjects of interest to every group will be presented. Round tables and open forums will provide ample opportunity for exchange of opinion on pertinent questions. Group luncheons, a banquet, teas, a reception, dance and card party will constitute the social side of the convention. A trip down the "Father of Waters" to Keokuk, with a view of the Keokuk dam, and tea at Graham Hospital, Keokuk, will close the convention.

Kansas: The Kansas State Association will hold its annual meeting on October 9–11, at Manhattan.

Minnesota: The plans for the annual meeting call for a three days' convention for the three organizations to be held October 15–18 at the St. Paul Hotel, St. Paul. Janet M. Geister, Director at Headquarters, [illegible] former President of the [illegible] State Registered Nurses' Association and now Executive Secretary of the [illegible] District in [illegible] and Dora M. [illegible], Field Representative of the American Journal of Nursing will be speakers from outside the state. The first day will be given over to a meeting of the Advisory Council on Wednesday morning; Board of Directors' meeting at noon; opening business session,

M. S. R. N. A., in the afternoon and a meeting of anesthetists at the same time. Also, a session and tea for students. There will be a large open meeting at the Peoples' Church in the evening.

On Thursday morning there will be a joint session for everyone under the auspices of the S. O. P. H. N. The general subject of Mental Hygiene will be discussed from many angles by competent speakers. At noon the Red Cross luncheon will be held, and the committee in charge promise "a different kind of program." On Thursday afternoon, a joint program will be presented under supervision of the Minnesota League of Nursing Education which includes addresses by Ella Ferbert, Supervisor of Dietetics for the state institutions; Sister M. Domitilla and Janet Geister. The outstanding Silver Anniversary celebration will be the banquet and program Thursday evening. This will include a recognition service for the charter members and a uniform revue by two students from each of the nineteen schools in existence in 1905.

On Friday morning there will be sectional round tables for many groups including the S. O. P. H. N., the League and the Private Duty Section. At noon the S. O. P. H. N. will hold its annual business session luncheon, and at 2.30 the closing business session of the M. S. R. N. A. will be held. At the Private Duty meeting, a member of the University faculty will speak on some phase of psychology; Marie Jensen Stuhr will talk on "Private Duty Problems as Seen by the Registrar"; Julia Cassidy of St. Mary's Hospital, Rochester, will speak on "Group Nursing—a Reality." The October number of the *Minnesota Registered Nurse* contains historical articles on the state organizations. An interesting feature of the plans which promises much fun is an "Art gallery" of pictures of nurses and school affairs of twenty-five or more years ago.

Mississippi: The Mississippi State Nurses' Association will hold its nineteenth annual meeting at Natchez, on October 16 and 17, with headquarters at the Eola Hotel. Several nurses, outstanding in their profession, from outside Mississippi, will be present to add to the success of the meeting. Among those expected to be present are Julie Tebo, from Louisiana, who will read a paper before the Hospital Section, and Mrs. Alma Scott, from National Headquarters, who will add to the discussion of all sessions with a special emphasis on Organization. Natchez is one of the oldest and most interesting towns in Mississippi, and it is with a great deal of interest that the members look forward to the meeting there, as it was the birthplace of the State Association, the organization taking place there in 1911.

Missouri: The Missouri State Nurses' Association will hold its twenty-fourth annual meeting, and the State League its twentieth, at the convention to be held October 6–8, in Columbia, with headquarters at the Hotel Tiger. The program includes speakers of national and state prominence; visits to the State University and the State Capitol, and the annual banquet. There will be round tables on Private Duty, Central Registries, Public Health, and one for state, district and alumnae secretaries. Luncheons will be arranged for Red Cross, private duty, public health and ex-service nurses, also for the Advisory Council, the League and the Student Council. An institute will follow the convention, on October 9–11. (See "Institutes.")

Nebraska: The Nebraska State Nurses' Association will hold its annual meeting in Omaha, October 13 and 14.

New York: The New York State Nurses' Association will hold its annual convention in Syracuse, in joint session with the State League of Nursing Education and the State Organization for Public Health Nursing, at the Hotels Syracuse and Onondaga, October 21–23. Three meetings are scheduled for Tuesday afternoon. The State League will meet for its first session. Following the business hour, Stella Goostray, Advisor, Joint Nursing Committee on Educational Policies, will give an address on "After the Grading Committee, What?" Following the business session of the Public Health Organization, Louise M. Tattershall, New York, will speak on "Standardization of Public Health Nursing Statistics." Mrs. Clifford will open the business meeting of private duty nurses, later turning it over to Cassie Rogers, New York State Chairman of Private Duty Nurses. After organizing as a section, the nurses will listen to Dr. [illegible], New York, on "Oxygen Therapy and Demonstration of a Portable Bed Tent." A symposium will follow on "The Professional and Economic Problems of Private Duty Nursing" and the "Relation of the Private Duty Nurse to the Public, the Medical Profession and the Superintendent." Marion Sheahan, President of the Public Health Organization, will preside at the joint session Tuesday evening. The speakers will include Mayor Rolland Marvin, Syracuse; Helen Wood, Rochester; Dr. [illegible] [illegible], Chicago, on "Our Hospitals, Our Doctors, Our Nurses and Ourselves"; and [illegible]

Gregg, Washington, on "The Indian Service and Other Government Nursing Services."

Wednesday morning, at the joint session, the speakers and their subjects are: Dr. Annie Louise Macleod of Syracuse University, on "Education for Women"; Dr. Karl Leebrick, Syracuse University, on "The Need of a University Education for Professional Women," and Effie Taylor, Yale School of Nursing, on "What Constitutes Good Nursing Service." Wednesday afternoon, a joint meeting for private duty, League, registrars lay committee and board members will listen to "The Employment Situation in the Private Duty Field in New York State"; "The Official Registry's Service to the Public"; and Mary Gladwin, Akron, Ohio, will speak on "Group Nursing." At the same hour, public health nurses will hear Amelia Grant, New York, on "What Kind of Nursing Is Needed in Clinics?"; Louise Knapp, New York, on "The Plan for the Education of the Student Nurse in Vanderbilt Clinic"; and Dr. Thomas Parran, Jr., Albany, on "How Every Graduate Nurse Can Contribute to Public Health Work." Dr. Mabel Lytton, Syracuse University, will address the student nurses on "Leisure and Our Responsibility." The Advisory Council meets at 3.30 p.m.

Thursday morning, the speakers at the joint session are Dr. Emma Grant Meader, Troy, on "The Philosophy and Psychology of Supervision Applied to Nursing"; Gladys Sellew, Chicago, on "Supervision of the Graduate Nurse in a Hospital," and Mabelle S. Welsh, New York, on "Supervision of the Graduate Staff of Nurses in the Public Health Organization." Thursday afternoon, at the League meeting, Dr. Donald Clark, Columbia University, will speak on "Publicity Applied to Nursing Education Problems"; Virginia McCormick of the A. N. A. will talk on "The Nurse and the Public," followed by Mary Gladwin on "Morning Conferences with Student Nurses." At the same time, [illegible] of New York will address the Public Health Nurses on "Securing Employment for Mentally Handicapped," and Laura [illegible] of the Cattaraugus County Health Department will talk on "Meeting Social Problems in the Rural Field." The session for lay committee and board members will include addresses on the following subjects: "Why Nurses?" by Dorothy Deming of New York; "Why Be a Member of a Professional Organization?" by Miss [illegible] McKinney, [illegible]; "The Functions and Usefulness of a School of Nursing Committee" by Mrs. [illegible] of the Board of Managers of Bellevue School of Nursing. The final business session of the State Association will open at 3.30 p.m.

Wednesday and Thursday, from 8 to 9 a.m., Sherman Kennedy, A.B., Professor of Forensics, Syracuse University, will hold classes in Parliamentary Law. Several special breakfasts and luncheons have been planned. Tuesday morning Alta Dines, State Chairman of the Relief Fund, will preside at a breakfast for district chairmen. A luncheon for enrolled Red Cross nurses will be open to *all* nurses. Wednesday, Mary Dowling of New York will preside at the breakfast for industrial nurses, and Grace Allison, Troy, Chairman State Legislative Committee, will meet the district legislative chairmen at breakfast. At the same time the directors of registries will meet with Emma Collins, Brooklyn. The following luncheons have been arranged for Wednesday: Mrs. J. Morton Halstead of Brooklyn will preside at the luncheon for members of hospital boards, visiting nurse association boards, nursing school committees and Red Cross committees. Mary Thornton Davis will preside at the public health luncheon, and Clara Quereau, Secretary of the State Board of Nurse Examiners, will meet directors of schools of nursing. The banquet is planned for 7 p.m. On Thursday, Miss Hicks will meet the district presidents and secretaries for breakfast. Three luncheons have been arranged for: School nurses—Anna Neukom of Albany presiding; student nurse delegates—Genevieve Clifford presiding, and the alumnae presidents and secretaries with Emily Hicks presiding.

North Dakota: The annual meeting of the NORTH DAKOTA STATE ASSOCIATION will be held in Fargo, October 14–17.

Oklahoma: The OKLAHOMA STATE NURSES' ASSOCIATION will hold its annual meeting in McAlester, October 29–31. An unusually good program has been arranged with several novel features in the way of social affairs. Those on the program from out of the state are: Janet Geister, Director of Headquarters, A. N. A., New York City; Louise Dietrich, Educational Director for the State Nurses' Association of Texas; Alma C. Haupt, Associate Director, National Organization for Public Health Nursing, New York; Louise Kinney, Assistant to the Director of Home Hygiene and Care of the Sick Service, St. Louis. A number of noted speakers from the state are also to give some very interesting talks: Dr. Paul Vogt, Dean of Extension Division of the Oklahoma State University; Dr. Allen Ruggles, Professor of Educational Psychology, also from the State University;

Dr. J. F. Page, Associate Professor of Economics, A. and M. College, Stillwater, Minn.

Pennsylvania: The twentieth annual convention of the Graduate Nurses' Association of the State of Pennsylvania, in joint session with the Pennsylvania League of Nursing Education and the Pennsylvania Organization for Public Health Nursing, will be held in Allentown, October 27–31, with headquarters at the Americus Hotel. On Sunday evening, the 26th, a service will be held in memory of S. Lillian Clayton.

October 27, 9 a.m., Round table on Ethics, conducted by Mary M. Roberts. The morning and afternoon session of the State Association will be devoted to business and reports. 8 p.m., Formal opening session with addresses by the three presidents of the state organizations, and one on "Peace" by Dr. Henry A. Atkinson.

October 28, 9 a.m., Round table on Ethics, followed by a business session of the State Association. Noon, a luncheon with addresses by J. Beatrice Bowman, Navy Nurse Corps, and Mrs. Mary A. Hickey, U. S. Veterans' Bureau. 2 p.m., Red Cross session and round table. 3.30 p.m., Drive and tea. 8 p.m., "Glandular Therapy in Relation to Human Activity," Dr. Francis J. Dever; "Nurses in the United States Public Health Service," Lucy Minnigerode.

October 29, 9 a.m., Round table on Ethics, followed by a Private Duty Section devoted to business and reports. Noon, Private Duty luncheon with an address by Mary M. Roberts. 2 p.m., "Registries and the Nurse" from the viewpoint of a physician; from the viewpoint of a registrar (Irene Holloway); from the viewpoint of the nurse. Report of the Study of Registries by the American Nurses' Association, Susan C. Francis. 8 p.m., Banquet with speakers—Clara D. Noyes, American Red Cross, and Annie W. Goodrich, Yale School of Nursing.

October 30, Business meeting of the State League with an address "Staff Education," Nellie X. Hawkinson, Cleveland. Noon, luncheon, with a discussion of "Group Nursing" led by [illegible]. 2 p.m., Address, "Mental Hygiene and Psychiatry," Dr. Arthur H. Ruggles, Consultant of Mental Hygiene, Department of University Health, Yale University, New Haven, Conn. 3 p.m., Round table, "Mental Hygiene and Psychology for Nurses," Dr. George J. Wright, St. Francis and Mercy Hospitals, Pittsburgh. 8 p.m., Address, "Personality," Thyrsa Amos, Dean, University of Pittsburgh, Pittsburgh, Pa.

October 31, 9 a.m., Business meeting of the State Organization for Public Health Nurses. 10 a.m., Round tables on School Nursing, Conservation of Vision, Rural Nursing, Staff Nurses, Industrial Nursing, Executives and Supervisors, Staff Education, Trends in Obstetrical Nursing. 10 a.m., Meeting of Lay Section followed by a luncheon. 12.30, School Nurses' luncheon.

2 p.m., Mental Hygiene, "Building a Mental Hygiene Program in a Community," Dr. William C. Sandy, Harrisburg; "The Care of the Child in a Mental Institution," Dr. Henry Klopp, Allentown State Hospital; "The Work of Mental Hygiene in a Visiting Nurse Association," Katharine Brownell, Scranton. 4.30 p.m., A trip through the Allentown State Hospital; Business session. 8 p.m., "Appraising Your Community," Sophie Nelson, President, National Organization for Public Health Nursing.

Tennessee: The Tennessee State meeting will be held at the Hotel Andrew Jackson in Knoxville, October 13 and 14.

Vermont: The semi-annual meeting of the Vermont State Nurses' Association will be held October 15, afternoon and evening, at Brattleboro, at the invitation of the Brattleboro Memorial Hospital Alumnae Association. The Alumnae Association of the Randolph Sanatorium has been welcomed as a member by the State Association.

West Virginia: The West Virginia Nurses' Association will hold its annual meeting in Fairmont, October 23–25.

District and Alumnae News

Iowa: Des Moines.—District 7 resumed its meetings after the summer vacation on September 4. The program consisted of travel talks by members. [illegible] was elected First Vice President to fill the unexpired term of Mary Ella Chayer, who took up her duties as an instructor at Columbia University with the opening of the summer term.

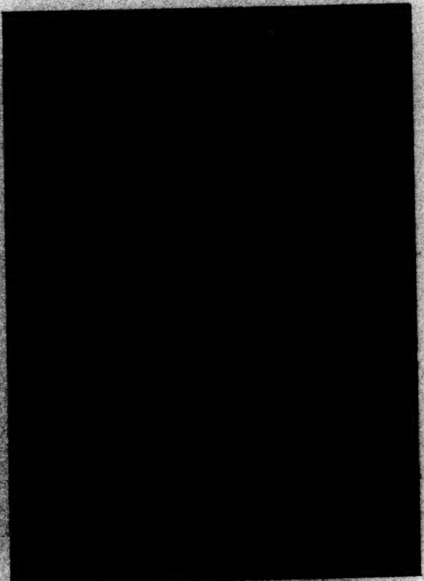
Maine: Portland.—The Western District Association held its September meeting on the [illegible] at the [illegible] Hospital, Portland. Delegates were elected for the State Convention. Membership in the District was increased by the addition of [illegible] new members, [illegible] from the Maine General Hospital and [illegible] from the [illegible] Hospital. The program consisted of a lecture on "Psychology" by Rev. [illegible]

Michigan: Detroit.—The Detroit District has the following program for its meetings for the present year: September 5, 8 p.m., Alger Club Center—Reports of the Biennial Convention by Mrs. Louise Feist, Gladys Gordon, Mrs. Lena Schmidt, and Olive Sewell. October 3, 2.30 p.m., Crafts Guild—Demonstration of the Work of the Guild. November 7, 8 p.m., St. John's Parish House—The Nurse in Her Community: "The Course in Public Health Nursing in Detroit," Katharine Faville; "Being a Citizen in 1930," Mrs. Ruth Fry Adams. December 5, 8 p.m., Henry Ford Hospital—"The Nurse as an Investor," A. B. Plidder. January 9—Annual Meeting. February 6, 8 p.m., St. John's Parish House—"The Nurse in Industry," Mrs. Gertrude Hodgson. March 6, 8 p.m., St. John's Parish House—The Nurse in National Affairs, "The White House Conference," Winifred Rand; "The U. S. Indian Service," Elinor Gregg. April 3, 8 p.m., Harper Hospital—"The Obligation of Schools of Nursing in Preparing Students for the Different Fields of Nursing Services," Grace Ross, Emilie G. Sargent, Lyda W. Anderson, E. Charlotte Waddell, Esther Hilleck; "How the Schools of Nursing Are Endeavoring To Meet These Obligations," Jean Berry, Juliet George. May 1, 3 p.m., St. John's Parish House—"The Nurse in World Affairs."

Minnesota: Minneapolis.—Marion L. Vannier, for fourteen years associated with the University of Minnesota School of Nursing, resigned in August to live at her home in Sierra Madre, Calif. Miss Vannier succeeded Miss Powell as Director of the School. A graduate of Johns Hopkins School of Nursing and of Teachers College, Columbia University, Miss Vannier has left a lasting impression on nursing in Minnesota, and the school has made notable progress under her direction. During recent years the results of successful studies made by various members of her staff, through her stimulating influence, have been made available to the profession. She is succeeded by Katharine J. Densford.

Mississippi: Laurel.—Mrs. Mamie Varnado has leased the Laurel General Hospital and has resigned from the position she has held for many years at the South Mississippi Infirmary.

New Hampshire: Manchester.—The quarterly meeting of the Sacred Heart Hospital Alumnae was held on July 22, with twelve members present. Reports of officers showed the association to be in good condition. For the past two years every graduate has become a member of the Association. Annie Hayes gave a report of the last state meeting. There was discussion of many matters of interest. Hanover.—Mary Hitchcock Memorial Hospital held graduation exercises for a class of eleven on September 6. Stella Goostray of the Children's Hospital, Boston, gave the address.



Marion L. Vannier, R.N.

New Jersey: Paterson.—Mildred H. Maier, graduate of Mercy Hospital, Chicago, has been appointed Instructor and Supervisor at St. Joseph Hospital. Mrs. Alvina Todd, Mercy Hospital, Omaha, is Assistant Superintendent of Nurses.

New York: Binghamton.—District 5 held a meeting on September 8 at the Wilson Memorial Hospital. The treasurer reported that the sum of $263 had been sent to the Nurses' Relief Fund. Plans for a membership campaign were discussed and approved. The program consisted of a report of the Biennial Convention by Neva Ash, also an interesting talk by Dr. Arthur S. Chittenden on his recent tour of famous French spas. The members regret the transfer of Tompkins County from District 5 to District 3. This transfer was necessary as a matter of convenience to nurses of Tompkins County.

Elmira.—Ethel Phillips has become Executive Director of the Visiting Nursing Association and Tuberculosis Committee. Miss Phillips was for nine years a member of the staff of the Public Health Nursing Association of Rochester. New York.—The Board of Managers of the Bellevue School of Nursing has engaged Blanche Pfefferkorn for a year's work to make a survey of the Bellevue School. The survey will include nursing case studies and probably certain other projects related to the nursing service of Bellevue Hospital. A committee to whom Miss Pfefferkorn may report and from whom she may seek advice has been organized with the following personnel: three members of the Board of Managers, Mrs. William Church Osborne, Mrs. Linzee Blagden and Miss Blanche Potter; four nurse educators, two from the school of nursing and hospital nursing field, Annie W. Goodrich and Carrie M. Hall, and two representing public health nursing, Grace Anderson and Mary Beard; Dr. Mark Fleming, General Medical Superintendent of Bellevue Hospital, and Marian E. Rottman, Director of the Division of Nursing, Department of Hospitals, City of New York. Oswego.—The regular meeting of DISTRICT 4 was held on September 8 at Oswego. Preceding the business meeting, Dr. William A. Groat of Syracuse, one of the foremost authorities on diseases of the blood in Central New York, spoke on "Anemia." He illustrated his interesting and valuable paper with lantern slides. Dr. George A. Marsden of Oswego then read a very interesting paper on "Rickets." District 4 is very busy with plans of the coming convention. Everyone is working hard to make this important event a success. Trudeau.—TRUDEAU SANATORIUM held graduation exercises for a class of nine on August 28. The exercises were followed by the dedication of Reid House, the new nurses' home. White Plains.—The BURKE FOUNDATION is erecting, in its convalescent institution, a building for recreational therapy and remedial social activities, designed particularly for use under all inclement weather conditions. Its occupancy, in the near future, will release certain spaces to an increase of bed capacity for women patients.

North Carolina: Asheville.—The regular meeting of DISTRICT 1 was held on August 13, with good attendance. The recommendation of the Registry Board that a small Executive Board be created to advise with the Registrar on routine business, and report to the Registry Board semi-annually, was presented, and after consideration, adopted. A copy of Miss Geister's letter on the revision of the by-laws of the American Nurses' Association was read and discussed. A letter from Dora M. Cornelius in regard to subscriptions to the *American Journal of Nursing* was also read with interest.

Ohio: Painesville.—Helen L. Kintner sailed for China in August. She is to be Supervisor of Nurses at Tunghsien Hospital.

Oklahoma: Guthrie.—At the end of the summer session, the A.B. degree was conferred by St. Joseph's College on four nurses, Sister M. Augustine, Sister M. Clare, Sister M. Pancratia, and Sister M. Francis, of St. Anthony's Hospital.

Deaths

Mrs. Grace Mahoney Allen (class of 1926, W. W. Backus Hospital, Norwich, Conn.), on August 26, following an illness of one week. Mrs. Allen was ever ready to serve. She leaves a wide circle of sorrowing friends.

Helene F. Brady (class of 1912, Rochester General Hospital, Rochester, N. Y.), on August 31, at the Government Hospital, Oteen, N. C., where she had been ill for three months. Miss Brady was a well known private duty nurse, doing her work in Rochester, except when she went overseas with Base Hospital 19. Burial was at Brockton, Mass.

Helen M. Cook (class of 1926, Bridgeton Hospital, Bridgeton, N. J.), at Bridgeton Hospital, August 29, after nearly two years of illness. Miss Cook as a student, and later as a graduate nurse doing private duty, stood out as a fine Christian character and a thorough, thoughtful nurse. Her memory will remain an inspiration to all who were so fortunate as to know her.

Maud L. Eller (class of 1925, W. W. Backus Hospital, Norwich, Conn.), on August 22, following four months of illness. Miss Eller was ever faithful in service to others.

Mrs. Roy Higginbotham (Alma Hinze, class of 1920, Rockford Hospital, Rockford, Ill.), on July 1, at Rockford Hospital, after a short illness. Mrs. Higginbotham actively engaged in her profession until her marriage in 1926. For the past three years she had been president of her alumnae association. She will be sorely missed by a great circle of friends.

Mrs. Bertha McLain (class of 1912, Rebekah Hospital, St. Louis, Mo.), on June 20, after a lingering illness. Mrs. McLain was at first engaged in private duty, then in industrial nursing for over twelve years. As one of the faithful members of her alumnae association, her spirit and coöperation will be missed.

Bessie Margol (class of 1928, Mercy Hospital, Council Bluffs, Iowa), at her home, June 18, following a prolonged illness from tuberculosis.

Elizabeth J. Murphy (class of 1911, Chester Hospital, Chester, Pa.), on June 1, at Chester Hospital, after an illness of two weeks. Burial was with military honors at Chester. Miss Murphy was engaged in private duty for seven years and was beloved by all her patients. In 1918 she enlisted in the Army Nurse Corps stationed at Spartanburg, S. C.; she left for France in December, 1918, and was in service one year. At the time of her death she was Supervisor of the Maternity Ward in Chester Hospital. She was a faithful, active member of the alumnae association and will be greatly missed.

Mrs. Mae Williamson Rogers (class of 1928, South Baltimore General Hospital, Baltimore, Md.), on May 8, at the hospital, after a short illness. Mrs. Rogers had done private duty nursing and was an active member of her alumnae association. She will be mourned by patients and friends.

Caroline Umstead (class of 1914, Montgomery Hospital, Norristown, Pa.), on June 13, in Dr. Kennedy's Hospital, Philadelphia, from secondary shock following an operation. Miss Umstead was for a time assistant superintendent of her own school, then a private duty nurse, then a public health nurse at Conshohocken and later at Norristown. She was an active member of her alumnae association, having held all the various offices; she was also Chairman of the Health Committee of the Professional and Business Women's Club of Norristown. She was a fine character.

Lottie G. Welch (class of 1887, Illinois Training School for Nurses, Chicago), on August 26, of heart trouble. Miss Welch has lived in Colorado all her professional life and the state has, in her death, lost one of its most outstanding leaders. Miss Welch came to Denver in 1893 to accept the position of Superintendent of the County Hospital, now known as the Denver General Hospital. Here she did some of her most valuable work in developing the standards of the City and County Hospital and its Training School. Miss Welch contributed much to the nursing legislation in Colorado and to the organization of the State Association of which she was President for a number of years; she was also President of the Colorado State Board of Nurse Examiners for several terms. Miss Welch was always ready with an eager heart and a willing hand to raise the standards of her profession and was always deeply interested in any organization connected with the nursing profession; she was one of the organizers and a life member of the Graduate Nurses' Club and Central Registry. When Jane A. Delano reorganized the American Red Cross Nursing Service, in 1911, she was appointed Chairman of the Colorado State Committee and held the position almost continuously until her death. She also served as Chairman of the Chevrons Committee. During the World War she was Director of the Nursing Service for the Mountain Division of the Red Cross. She was probably the best informed person on Red Cross matters in that part of the country. Her ability, knowledge, and understanding were an inspiration to others and her loss cannot be estimated.

A Nurse?

On August 4, the body of a woman about 65 years old was found at the foot of Luna Falls, Niagara. In her pocket was a pencilled memorandum of the name of the editor of the *American Journal of Nursing*. No clue to the name of the unfortunate person was found except the letter S stitched on an undergarment. On the previous day this woman had visited the Millard Fillmore Hospital in Buffalo, stating that she was a graduate of the old Homeopathic Hospital and had been living "in the West." She asked to be shown the hospital and the nurses' home. The name given was understood by one of those she met to be Mary Stearns, by another Carrie Morgenstearn. The impression given was that of a person not quite normal. The description given was "a woman about five feet one inch tall, of medium build with a heavy head of steel gray hair. She had an entire set of false upper teeth and several of her lower teeth were filled with gold."

About Books

Surgical Nursing. By E. L. Eliason, M.D., L. Kraeer Ferguson, M.D., and Elizabeth Keller Lewis, R.N. 566 pages. Illustrated. J. B. Lippincott Company, Philadelphia. 1930. Price, $3.00.

THIS book covers practically all the material for surgical nursing as outlined in the *Curriculum for Nursing Schools*. The authors aim to present not only the "how" factors of surgical nursing but also the "why" and, with few exceptions, this purpose is adhered to.

The chapters on surgical diseases begin with bones, joints, muscles, and bursae, followed by diseases of the various systems. The first chapter of this section is especially good. In the chapter on the abdomen is found a list of prefixes and suffixes pertaining to surgery.

The chapters on methods in surgical nursing, anesthetics and anesthesia, preoperative and postoperative care and complications, are interesting and give many valuable points on the nursing care of patients.

Operating room technic includes the operating room, its equipment, personnel with their duties, sterilizers and sterilization, care of utensils, instruments, et cetera. There are twenty-six very good "Suggestions for Suture Nurse."

Unnecessary seem to be the chapter on drugs and solutions and one on bandaging, as by the time students are ready for surgical lectures they have already been taught these fundamentals. The chapter on venereal diseases might also have been omitted, as this subject is taken up in a special course.

The book is interestingly written, the print is good, but unfortunately it is on glazed paper which at times is hard on the eyes. An unusual feature is found in the method of calling to attention the important facts by means of heavy type. Whether or not this is going to be approved remains to be seen. It does tend to set off the headings of paragraphs and different phases of the subject. A noteworthy feature is the two hundred and sixty-one illustrations. These include the putting on of sterile gloves, the right and wrong Fowler's position, the instillation of eye drops, the proper method of irrigating an ear, removing adhesive, the autoclave, et cetera.

This book might not be preferred by instructors as a textbook, but it would be useful for reference reading, during a course of surgical lectures, as its emphasis upon nursing care is particularly good. Also, the illustrations should prove of value in teaching.

May [illegible], R.N.

New York.

Bacteriology for Nurses. Revised. By Harry W. Carey, M.D. [illegible] pages. Illustrated. F. A. Davis Company, Philadelphia. 1930. Price, $2.25.

THIS revised edition of *Bacteriology for Nurses* by Dr. Harry W. Carey is a textbook which will be welcomed by student nurses because it is not too detailed and intricate to be understood by them, is interestingly written, and concentrates on the subject matter of bacteriology about which they are invariably most enthusiastic—pathogenic bacteria, and the diseases they cause.

In spite of this interest, such an emphasis on the pathogenic organisms to the exclusion of useful ones must be felt as a weakness in the book. One hundred and forty-three pages of a two hundred and eighty-two-page book are devoted to disease and less than two to useful organisms. Thus the student is given no appreciation of the rôle of bacteria as a part of our general environment. Also she is not given sufficient background before she is plunged into disease.

This section will, however, prove most helpful to young students, as the information she needs is given here in a clear, concise, interesting form with prevention as a pertinent aim; whereas, in many texts on this subject, she is lost in a maze of facts not suited to her particular needs and is unable to decide what to take and what to leave.

The set-up of the book is excellent, the paper, the print, and the illustrations all being of the best. The arrangement of the material is, on the whole, logical. As molds and yeasts are larger and more easily studied by beginners than bacteria, it would perhaps have been better if Chapter XVI had been placed in the beginning of the text, as was the laboratory work on these organisms. The chapters on chemical disinfectants, infection, and complement fixation are not as clearly presented as other parts of the book.

The laboratory exercises and demonstrations, a section not found in many bacteriology textbooks, adds to the usefulness of the book. Although these exercises require more time than is usually allotted to us for the laboratory work, they contain many good suggestions which the instructor may modify to the particular needs of her class. This section would be more helpful to instructors if directions were more detailed, or if there were additional working data as to media, stains, etc. Also a bibliography would be an aid to both students and instructors.

With the assistance of reference books to supplement certain parts, this book should prove a good textbook for an elementary course in microbiology.

HELEN M. WICKER, R.N.

New York

BOARD MEMBERS' MANUAL. For Board and Committee Members of Public Health Nursing Services. 127 pages. The Macmillan Company, New York. 1930. Price, $1.25.

THE aims of this manual, which was prepared by a committee of the National Organization for Public Health Nursing, are stated to be:

> To serve as a handbook of reference for boards of directors of non-official public health nursing organizations.
>
> To suggest methods of administration adaptable to various types of public health nursing service.
>
> To guide newly elected members of the board of directors through the months when the traditions and principles of public health nursing are being absorbed.

The little volume opens auspiciously at the preface by Dr. George E. Vincent, until recently director of the Rockefeller Foundation, who cogently states the case as follows:

> For a long time it has been assumed that directing, supervising and staff nurses need professional training and guided experience. It is just beginning to be realized that board members are not necessarily congenitally and automatically endowed with capacities and aptitudes for their duties. They, too,

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require special knowledge and technical efficiency.

Part I, on the organization of public health nursing, is divided into chapters on: Fundamental Principles; How to Organize; The Association; Officers—Qualifications and Duties; Committees; The Board and Finance; Board Meetings; Developing Rural Nursing.

Part II, on the administration of public health nursing associations, contains chapters on: The Board's Relation to the Staff; Regulations of Service; Relation to the Medical Profession; Relationship to National Organizations.

A suggested constitution and by-laws, an outline for board members' institutes, and a bibliography are included in three appendices.

The material is presented in helpful, clear-cut and logical form. It should have wide usefulness. The reviewer wishes, as will many readers, that an equally practical guide on the organization of nursing schools might one day be made available.

Nasal Catarrh. By W. Stuart-Low. 84 pages. Illustrated. H. K. Lewis and Company, Ltd., London. 1930. Price, 5/—.

THIS is a short book of eighty-four pages in which the author has endeavored to elucidate the etiology, signs, dangers, and treatment of chronic nasal catarrh; certainly a subject worthy of consideration, since the disease is so widespread.

By the use of marginal headings the subject matter is most accessible and clearly outlined, augmented with a few well chosen illustrations. Essentially it is technical and considerable space is given to the discussion of surgical treatment and procedures. Briefly, a summary of the chapters is as follows:

Chapter I is given to the discussion of nasal catarrh and its predisposing causes, while Chapter II deals with nasal polypi as related to nasal catarrh. The character of sinus discharges is outlined in Chapter III. The general and local treatment of nasal catarrh is discussed in Chapter IV, emphasizing the dangers of nasal douching. Chapter V, by far the longest in the book, is given to surgical treatment of diseases of the nose. Other diseases of the nose, namely, nasal blockage and septic ethmoiditis, are outlined in Chapters VI and VII, followed by their respective treatments. Serous nasal catarrh, the synonyms of which Dr. Stuart-Low lists as Hay Fever, Acute Rhinitis, Vaso-Motor Rhinitis and Nervous Coryza, are considered in Chapter VIII. For this condition nasal calesthenics are advised, consisting of a series of breathing and muscle exercises. A conclusion of the subject comprises Chapter IX.

The question may arise as to the practicability of such a book under different climatic conditions. However, there seems to be no essential difference in the signs and symptoms as outlined by Dr. Stuart-Low from those common to the disease in our own country.

Abby-Helen Denison Hawes, R.N.
Massachusetts

Books Received

A Textbook on the Nursing and Diseases of Sick Children for Nurses and Welfare Workers. By various authors. Edited by Alan Moncrieff, M.D. [illegible] pages. Illustrated. G. P. Putnam's Sons, New York. 1930. Price, [illegible].

M. A. Powell, S.R.N., Sister Tutor, and an Examiner for the General Nursing Council for England and Wales, collaborated with the [illegible] contributors to this volume, all of whom are members of the medical staff of the Hospital for Sick Children, Great Ormond Street, London, England.

Official Directory

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